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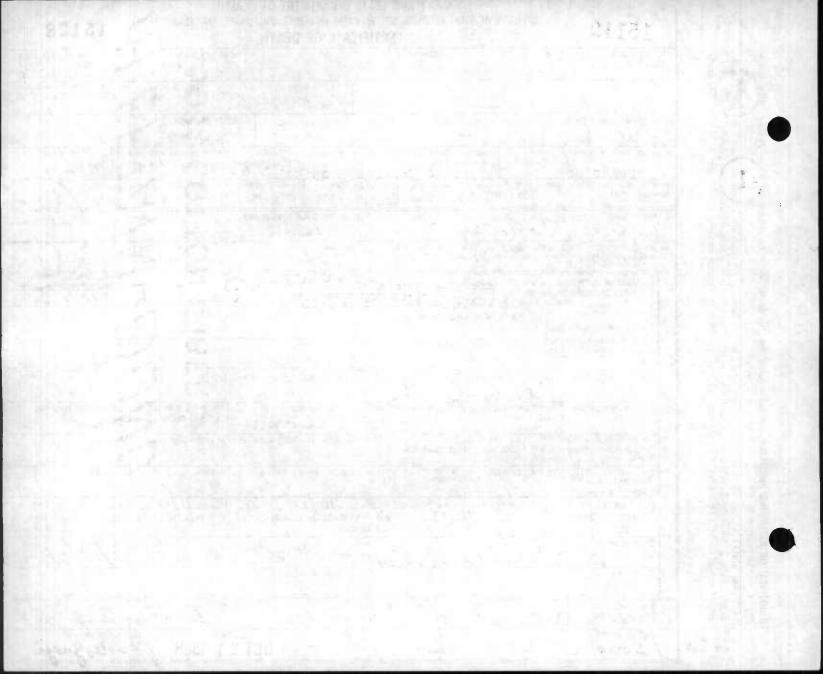
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MARYLAND STATE DEPARTMENT OF REALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
15127 15119 CERTIFICATE OF DEATH

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death	and 2 death.			PLACE OF DEATH					2. USUAL RESIDENCE (Where deced	sed lived, if institut	ion: Residence	before odmiss	ion)
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campi	S e		S. :	EX 6. COLO	OR OR RACE	7. MARRIED	NEVER MARRIE	ED B	. DATE OF BIRTH	100	 AGE (In years last birthday) 		TEAR IF UNDER	R 24 HRS. Min.
2 49	Ty e			Mala Co	1	WIDOWED	DIVORCE	ED DAG	v 24 190	0	68 Yrs.	WOULD	naurs naurs	Min.
	ease remove cal		100	USUAL OCCUPATION (Give kin		10b KIND	OF BUSINESS OR		11. BIRTHPLACE (County			12. CITIZ	EN OF WHAT	
be o				ng most of working life, even			ISTRY		11. Dik iiii Dice (coom)	d Sidio, of i	oroign cooming)		VTRY?	
ate ce	please I, and ii			Labor					Maryla			U.S.	A	
ertificate b physician	9		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
ph ph	nen lav			Henry	UF.		Anderso	n	Annie	D	ollitt			
ng n	e T	10.0	15.	WAS DECEASED EVER IN ILS	ARMED FORCES?	16, 50	CIAL SECURITY NO.		FORMANT		Addr	ess		
nd nd	it.		(Ye	, no, or unknown) (If γes gi	ve war ar dates of	service)	cirte se contit i tro							
he death certific attending phys	permit.			Yes	3	300		Gus	sie Ander	son	Salishu	ry Md.	Lake	St
that the death certificate bean. on. by the attending physician of				1B. CAUSE OF DEATH (Ent		e per line far (a							INTERVAL BE	
+ +	mo			PART I. DEATH WAS (LAUSED BY: IMEDIATE CAUSE (c	0)	Heal	failer	S				ONSET AND	DEATH
中中	rra	910	23	4129	DUE T			0					Hotels.	
physician signed by	burial-transit burial, cremal	1		Conditions, if any, which g	aua \	10.754.77	ASEV	0					Year	Δ.
phy sign	מביות			rise to immediate cause	(a), (pur T	b)	112/1	L/-					0	
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Z D	Hea	~	FIC	20g. ACCIDENT WAS UNDERL					Enter nature of injury in					LJOH
の語語	No.		ERT	OR CONTRIBUTING CAUSE	OF DEATH	200. 0130	KIDE HOTE HISOKT	occontro. (cinci natoro of injury in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
S PHYSICIAI the haspital this certifice	detached e Dept. a			(IF EITHER, NOTIFY MEDICAL										
H e sis	etache Dept.	34	MEDICAL	20c. TIME OF INJURY Man Hour a.m.	th, Day, Year		JRY OCCURRED		E OF INJURY (Home, formander), street, affice bldg., etc.		(City or tawn)	(Coun	ty)	(State)
の手き	de	1.14	ME	p.m.	19	While at work	Nat While at wark	1000	ily, siteer, diffice blog., etc.	1				
DING J by t After	be de State				(1) (this hash			d from	10 SEPT.	1958	to 30 500	+ 196	that (I)	(we) los
	0 0			saw the deceased	(i) (iii) iidsp	Sent	10 68	and that	death occurred at	14 48	M from couses	and on the	data state	d above
OR ATTEN	ed with the	804		22o. SIGNATURE	Olive uli	o - cp,		did iiidi	dedili occolled di	T-111	m, nom cooses	22b. DAT		d dboae
F	3 st	V. S	Œ,	220. SIGNATURE	~ 0-	00			ATTENDING T	MED.	STAFF PHYS.	-		. 0
OR be r	e 3			Hoseph C.	AV5	XXX		M.D		DIRECTOR	PHYS. L	110-	-28-	68
A	page e filed	-1	14	28 PHYSICIAN'S	. 000	. ~ .	11		22d. ADDRESS	. 1:	16.4	10	Per	Me
SPITAL 4 may IERAL	p. p	- (NAME (Type)	SE Ph	1115	DEV310	M,D.	1//	ROUCA	l Center	Nave	streey !	ria.
TO HOSPITAL OR ATTEI Page 4 may be retaine TO FUNERAL DIRECTOR:	director, p		230	BURIAL, CREMATION,	23b. DATE THER	REOF	23c. NAME OF CEM	METERY OR C	REMATORY	23d. L	OCATION (City or To	iwn) (C	aunty) ((State)
Page V	dire	10		REMOVAL (Specify)	22 /00	,				13.54		,		
5 5			24	FUNERAL DIRECTOR	11/28,	681	Mt. Calv	rery	25g PFC	D BY REGIST	PAR LOSH R	EGISTRAR'S SIG	NATURE	Md.
VR A	15 (4)	m	14	TONERAL DIRECTOR	01	1	ADDRESS .		4			Clian		200
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MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 30M REV. 1/68

BETWEEN ONSET AND GEATH 18 MOS 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the 22c. DATE SIGNED Medical Center, Salisbury, Maryland (County) REMOVAL (Specify) R.D., Fruitland, Wic., Maryland Oct. 31,1968 Banks Family Cemetery 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 196B

15130

IE LINDER 1 YEAR

INDUSTRY

2b. HOUR

IF UNDER 24 HRS

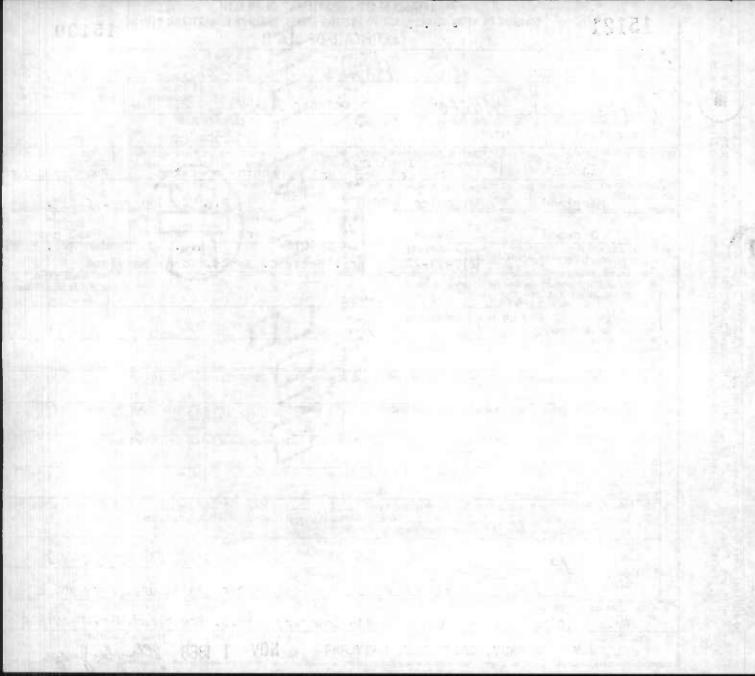
HOURS CAYS

12b. KIND OF BUSINESS OR

Pump company

APPROXIMATE INTERVAL

Last Hastings



TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death. 5 may be retained far your

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

SICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

15122 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		MEDIC	WE EVALUATE	IN 3 CE	MINICALE	OI DE	AIII		1	OTOT	
DECEASED-NA			Middle	0.00	Last				Manth Da	y Year	2b. HOUR
(Type ar Prin	JAI	NICE	RAE		BANKS			OF ESTI- DEATH MATED	10/1	168	11Am
. SEX	4. RACE	5. DATE OF BIR	TH 6. AC	GE (In years	IF UNDER 1 YEAR	IF UNDER		2c. DATE PRONOUNCED DE	/ -		2d. HOUR
Fema 1	e White	March	16,1935 los	t birthday) 33 YRS.	MONTHS DAYS	HOURS	MIN.	Manth Da	У	Year 19 68	11A
		7b. CITIZEN OF WH		-	RIED NEVER MA	RRIED	9. COU	INTY OF DEATH	100		
ountry) Mar		USA				ORCED	W.	ICOMICO			Md.
). CITY OR TOV	/N OF DEATH	[11. N	AME OF HOSPITAL OR I	NSTITUTION	(If nat in haspital	12a. U		CUPATION (Kind of work	dane 12b	. KIND OF BUSI	
	isbury		insula Gen					f working life, even if reti Lary	red.) IND	DUSTRY	
			ıtian: Residence befar			d. INSIDE CITY I	LIMITS?	13e. STREET AND NUMBER			
admission)	Maryland	d 13b. COUNTY	Wicomico	Sali	sbury	YES N	10 🗌	R.D.3, Dags	boro	Road	
. FATHER'S NA	ME First	Middle	Last		15. MOTHER'S MAI	DEN NAME	First	Middle		Last	
	Edward	Lee	Perry			Julia		Elizabeth	1 H	Horsman	
	ED EVER IN U.S. ARMED		16b. SOCIAL SECURITY	NO. 17	7. INFORMAN (Hu	sband) R.	. D. 3 ADDRESS D	agsbo	oro Roa	d
(Yes, na, ar un		war or dates of service)		M	r. Jack	Banks	, Sa	alisbury, Ma	rylar	nd	
1B. CAUS	E OF DEATH (Enter an	ily one cause per li	ine far (a), (b), and (c)).)						APPROXIMATE BETWEEN ONSET	
PAR	I DEATH MAKE CALLER	D DV	Carbon r		side no	ison	ing			3 da	
95	20		AS A CONSEQUENCE O								
	s, if any, which gave)									
	mediate cause (a), e underlying cause	(b) DUE TO, OR	AS A CONSEQUENCE O	F							
last.	e underlying couse								20.3		
PART 2 OT	HED SIGNIFICANT CONF	(c)	ING TO DEATH BUT NO	T PELATED 1	TO THE TERMINAL D	ISEASE OP (ONDITIO	ON GIVEN IN PART 1(a)			
97	3 1	JITONS CONTRIBOT	mo to beam but no	REGRED	TO THE TERMINAL D	IJEAJE ON C	CONDITIO	or create in Fakt I(a)			
19a. DATE	OF OPERATION		19b. CONDITION FOR	WHICH OPE	RATION					20. AUTOPSY	?
2			WAS PERFORMED	?						YES 🗀	NO 🔀
21g. EXTER	NAL CAUSE WAS	21b. TIME OF	INJURY Manth, Day, Ye	or [2]	1c HOW INJURY OF	CURRED (En	ter natu	re of injury in Part 1 or Pa	ort 2 Item		(A)
PRIMARY	OR CONTRIBUTING		× 9-28-62		ound in	auto	O W	ith vacuum	hos	e att	ached
CAUSE OF			At hame, farm, street,	2	If. LOCATION Street	or R F D No	t p	City or Town	(aunty	State
WHILE	NOT WHILE FOR	ctary, affice building	g, etc.)	1				Salisbury			
AT WORK	_ AI TOAK							44-	100		
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deor	n resulted from	Noturol cou	s , Accide	nt [],		Homicid	-	Undetermined mo	nner		
ACTUAL	1	1. 1				EF MEDICAL					
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EXAMIN	in a	. Royer,	11			UTY MEDICA			tober	2/1	968
NAME (T	- 709 Ca	mden Ave		iry, M	lu.	TRE22(211661		wn, ar caunty)			
3a. BURIAL, CI REMOVAL	(Specify)	. DATE			OR CREMATORY		147	LOCATION (City or Town)		- '	ate)
Buria	1 0c	t. 4,196		hill_	Memory G	arden	IS S	alisbury, Wic	omico	Mary 1	and
4. FUNERAL D		DANING CO	ADDR	RESS		2Sa. REC'I	D BY REC	GISTRAR 25b. REGIS	TRAR'S SIGN	NATURE	
HOLL	WAY & COM	PANY, SA	LISBURY, M	MARYLA	AND	DATE O	U	7 1968 20	Mary	es Janey	M.

VR A15ME (5) 10M REV. 1/68

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24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fone director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cacton papers. Pages 1 is shauld be filed with the State Dept. af Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after a

VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15132

	1. DE	ECEASED-NAME	First	Middle		Lost	20. DATE OF	DEATH		2b. HOUR
		(ype or print)	iam	Littleton	Ric	o h	COLT	Month	25 1968	111
	3. SE	X VV 1 1 1	4. RA		1311	5. DATE OF BIRTH	1 001	6. AGE (In years		
	0. 50	Male	1. K.	White		Oct 14.1	881	lest birthdoy)	YRS. MONTHS DAY	YS HOURS MIN
11	70 F	BIRTHPLACE (Stote or foreign	7b (ITIZ	EN OF WHAT COUNTRY?	8. MADDIED D	NEVER MARRIED	9. COUNTY OF		TK3.]	
	COUL			USA.	WIDOWED T					A4.
	10	ITY OR TOWN OF DEATH	10	11. NAME OF HOSPITAL OR INS			AL OCCUPATION	Vicomice (Kind of work d	one 12b KIND	OF BUSINESS OR
80		Salisbur		give street oddress) I	eninsı I Hosi	ıla duringm	ost of working	life even if retir	ed.) INDUSTRY	IBM
13		USUAL RESIDENCE (Where dission)		if institution: Residence before COUNTY	BER			D Syn	RUEPUX	ENT
2	14. [FATHER'S NAME , Pirst		Middle Lost	15.	MOTHER'S MAIDEN NAME	First	Midd	le	Lost
		JAM	IES	H 131A	ert S	PARAH ELIZ	ARGTH	CR	OPPE R	
	160.	WAS DECEASED EVER IN U.S		ES? 16b. SOCIAL SECURITY N		FORMANT		Addre	ess (T	102
	Y	(es, no, or inknown) (If ye	give war or dates o	\$19-44-1	465M	es. W. L.	BIRCI	t po	RLIN	MO
		IB. CAUSE OF DEATH (Ent	ter only one co	use per line for (o), (b), and (c).)		1	1	1		OXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH WAS (1011111	Lel,	Que no	LIREL	ulles	2011	DALOUEL.
		5900		TO, OR AS A CONSEQUENCE OF	(5	U			
		Conditions, if ony, which g							100	
		rise to immediate couse		(b)	10.17	100				
		stating the underlying co	Duse							
		_	T CONDITIONS	(c)	T RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(n)		
		6000	CONDITIONS	CONTROL TO SENT SOL TO	T KEBITED TO	The Tellimore processes on				
	TION	190. DATE OF OPERATION	T19b CONDITIO	N FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY?	20b. IF	YES. WERE FINDI	NGS CONSIDERED IN	CERTIFYING
X	CERTIFICATION			WION WHEN OF ENAMEN WAS TEL		YES NO	CAUSES	OF DEATH?		
	3	21o. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH H	b. TIME OF INJURY DUR A.M. Month Doy Yeor P.M. 19	A 100	W INJURY OCCURRED (Ente	er noture of inju	ry in Port 1 or Po	ort 2, Item 1B.)	
	MEDI	21d. INJURY OCCURRED While Not while of work		INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street or R.F.D. No	o. City	or Town	County	Stote
		22a. I certify that (I	ed alive an	re) (did) (did nat) riew the l	9 6 Cand	that in (my) (our) ap	inian death o	ccurred on th	, 19 <u>G</u> <u>B</u> , th re dote and hou	ot (1) (we) las ur ond from th
		22b. SIGNATURE	Dave, (1) (11	e y (ara) (ara mang from mon	1/	5			22c. DATE SIGNED	
		1000	3 0°	100101	DEGRE		MED. DIRECTOR	STAFF PHYS.	10-2	5-68
1		22d. PHYSICIAN'S NAME (Type)		N		22e. ADDRESS				
	230.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF	EMETERY OR	KEMATORY		ON (City or Town)	(County)	(Stote)
		BEWON'S (Specify)	10/2-	7/68/ E	YERG	SREEN	1351	RLIN	WOR.	MD
	24.	FUNERAL DIRECTOR	7 2	ADDRESS	1-	M A 2So. RECO.	REGISTRAR 10	2Sb. REGIST	RAR'S SIGNATURE	0.0
68/	1 4	On a see a li	N KU	MARIE DU	1	III AL DATE OU	INDI	א טטנ	TONG V	under.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15124 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR 38 (Type or print) Year 15111e Tober IF UNDER 1 YEAR 3. SFX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) YRS MONTHS I White Male remove tarban papers. Pa 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED DELAWARE WIDOWED DIVORCED | WICOMICO event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** SALISBURY HOSDIA POLUMBE Peninsula General BOTTLEING-CO ShET DRIVINS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY YES TH NO in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last SARAH BASWITH SWELL and 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes, na, ar unknawn) W. CLIFTON BESWELL - NEWARK or remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, Canditians, if any, which gave ; rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in art 1 or Part 2, Item 1B.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d INIURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 18-19 1968 to 10-15 1964, that (1) (we) last saw the deceased alive an 10-15-19 68, and that in (my) toon apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did net) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF 10-17-68 PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) COOD FELLOWS CON ETERY

VR A15 (4) 30M REV. 1/68

24 haurs after death

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requires that the death certificate be

campleyely filled in by

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O FUNERAL DIRECTOR: After this certificate

FUNERAL DIRECTOR

2Sb. REGISTRAR'S SIGNATURE

2Sa. REC'D BY REGISTRAR

1968

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28.002/18 VIB's and seek. .21 301/8/01 selection

THE STATE OF THE S

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First Middle 2a. DATE KNOWN 2b. HOUR (Type or Print) Poge DARRELL E. BRASURE 9 0 12:45M DEATH MATED ny deloy IF LINDER 24 HRS 4. RACE 6. AGE (In years IF UNDER 1 YEAR 3. SEX 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and 5-111-38 Doy Yeor 68 W 12:45M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED 9. COUNTY OF DEATH TISA WIDOWED DIVORCED Wicomico Delaware Pages ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Employee Dupont INDUSTRY insula General Salisbury Dupont 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN deoth. 13e. STREET AND NUMBER odmission) STATE Del. 13K. COUNTY Frankford YES NO Frankford Ave. Sussex haurs land 2 ofter in Item 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Flossie 24 Tolbert Hudson Brasure Examiner's poges haurs 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT ADDRESS be executed within (Yes no, ar unknawn) 221-24-0631 Frankford, Del. Irene Brasure File = APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Medical buriol-transit permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Fractured skull sudden 816.0 event DUE TO, OR AS A CONSEQUENCE OF the Chief Canditions, if any, which gave rise to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2. forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 NO K should be 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 3 should MEDICAL PRIMARY OR CONTRIBUTING DICAL EXAMINER: cremation, 10-10-68 Driver of auto that ran out of CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State YOUr DIRECTOR: Page foctory, office building, etc.) NOT WHILE B mi. no. of Bishop, Worcester, Md. Road. buriol 10 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinian deoth resulted from: Natural causes . Accident X Suicide . be retoined Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funerol O DEPUT Oct. 11. 1968 Royer. DEPUTY MEDICAL EXAMINER moy Health Camden Ave. Salisbury, NAME (Type) 109 Md ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Carey's Cemetery Frankford, Susser, Del. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) DATE Watson, Gray & Melson, Frankford 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

Lost

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Middle

Year

2b. HOUR

Month Doy

20. DATE KNOWN

Pages

Ŀ

pencil

=

pending

writing the ward

the certificate.

SICAL EXAMINER:

O DEPUTY

This certificate should be executed within

1. DECEASED-NAMI

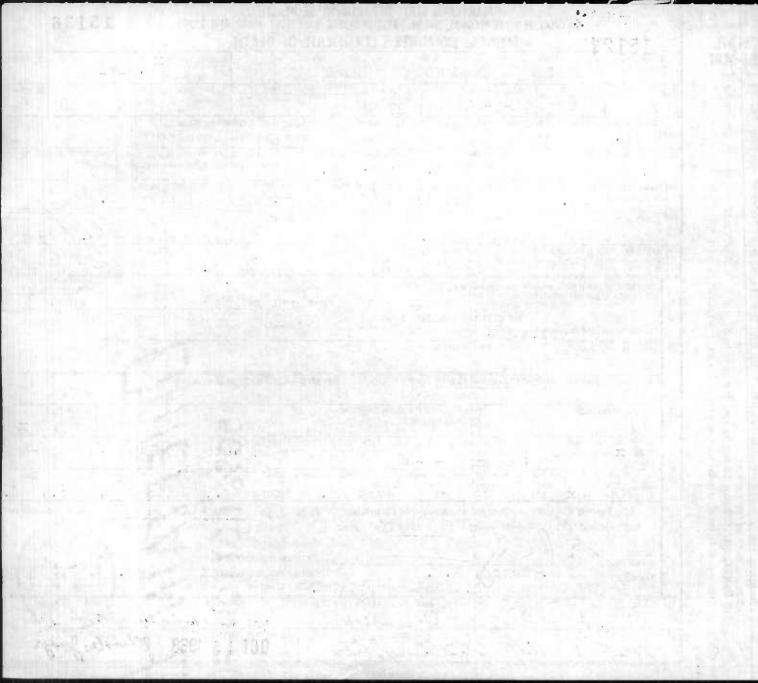
First

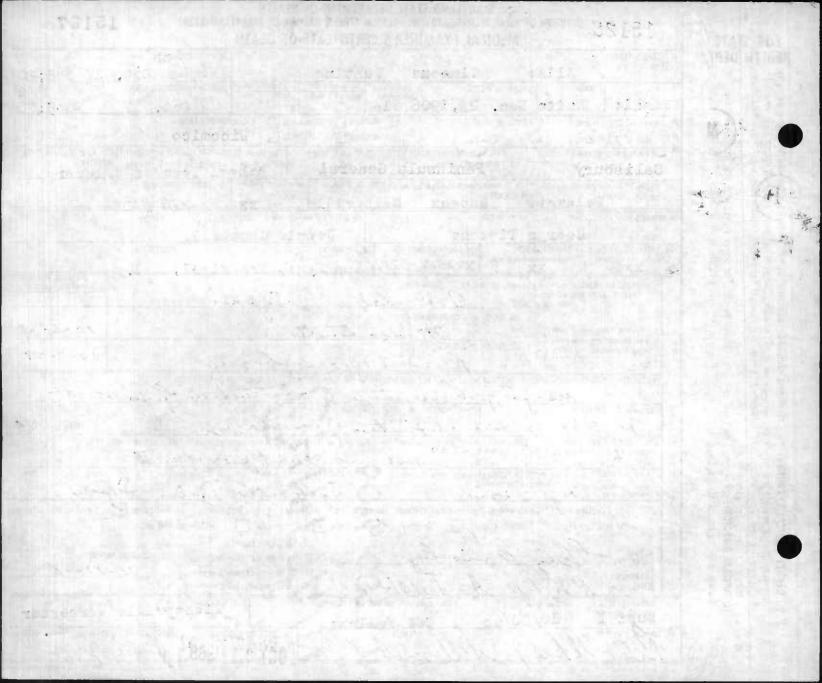
Stote Deportment lond 2 with the ofter pages hours permit. File within burial-tronsit . 0 removol, be used 0 P cremation,

Exominer's 4 should be forworded to the Chief Medical moy be retained for your FUNERAL DIRECTOR: Poge the funerol Health 50

VR A15ME 15

(Type or Print) OF ESTI-EDWARD JAMES 10-5-68 BROWN DEATH MATED 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) AA 1-2-11 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Wicomico DIVORCED [X] WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Salisbury & Rose St. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico Salisbury odmission) STATE Md. 402 Lake YES 🔀 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Fracture of cervical sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Inter noture of injury in Port 1 or Port 2, Item .B.)
Passenger in auto involved in PRIMARY DE OR CONTRIBUTING - HOUR A.M CAUSE OF DEATH KWK 10-21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED County Stote factory, office building, etc.) intersection WHILE AT WORK AT WORK Rd. & Rose St., Salisbury, West 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X ond in my opinion deoth resulted from: Notural couses . Accident X: Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Oct. 8, 1968 DEPUTY MEDICAL EXAMINER EXAMINER'S Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county) NAME (Type) 109 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAJION (City of Town) (County) (Stote) REMOVAL (Specify)





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

4	-	2	3	0
L	U	3	3	O

	TOING			CEKHILI
	ECEASED-NAME First		Middle	
(1	ype or print) CHAR	LES		CA
3. SE	X	4. RACE		
	Male		Colored	
	BIRTHPLACE (Stote or foreign		OF WHAT COUNTRY?	8. MARRIED
COUN	Marvland	200	USA	WIDOWED
10. C	ITY OR TOWN OF DEATH	- (-	11. NAME OF HOSPITAL OR II	NSTITUTION (If
	Salisbury	-/	give street oddress) Deer's Head	State
130.	USUAL RESIDENCE (Where deceo	sed lived, if	institution: Residence before	13c, CITY O
	ission) STATE Maryland	IBE. COL	uniy rchester	Cam
	ATHER'S NAME First		iddle Lost	
	William		Camper	
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAÉ SECURITY	'NO. 17.
Y	es, no, or unknown) (If yes give	war ar dates of ser	217-10-8	394
	18. CAUSE OF DEATH (Enter of	nly one couse	ner line for (a) (b) and (c	11
	PART I. DEATH WAS CAUSE	D BY:	77	
	LL 12 C IMMEDI	ATE CAUSE (o		
	Conditions, if ony, which gove		O, OR AS A CONSEQUENCE O	
	rise to immediate couse (a),	- (0	D, OR AS A CONSEQUENCE O	
	stoting the underlying couse lost.	-20 C		796.32
	PART 2. OTHER SIGNIFICANT CO		NTDIDLITING TO DEATH BUT	NOT DELATED
	1/ (CONTEX SIGNIFICANT CO	מסווומא לסו	MINIBULING TO DEATH BUT	NOT KELAILU
NO	100 DATE OF OPERATION TIME	COMPLIANT	OD WILLOU ODERATION WAS S	EDEODATO
CERTIFICATION	196. DATE OF OPERATION 196	. CONDITION F	OR WHICH OPERATION WAS F	EKTUKMED
ERT	21o. ACCIDENT WAS UNDERLYI	NG TOIL 1	TIME OF INJURY	21c.
	OR CONTRIBUTING CAUSE OF DEA	TH HOUF	R A.M. Month Doy Yeo	
MEDICAL	(If either, notify medical exam			19
2	21d. INJURY OCCURRED 21e While Not while	. PLACE OF IN	NJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f.
	ot work ot work			
	22a. I certify that (1) (th	nis haspita	attended the decea	sed from
	amore Alexander and and and and	1:		10 68 -
	saw the deceased of	e M (we)	(did) Yd(dknXt) view the	19 00, ai
	saw the deceased of couses stated abay	alive on e, (() (we)	(did) XdidKnXt) view the	19 00, ai
	saw the deceased of	alive on	(did)Xd(XnXt) view the	19 00, ai
	saw the deceased couses stated abav	alive on_ e, (1) (we)	(did)XdiXnXt) view the	bady after
	saw the deceased of couses stated abay	e, (0) (we)	(did) XXXXXI) view the	bady after
230.	saw the deceased couses stated abov 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) C. H BURIAL CREMATION. 23b.	e, (1) (we) Winn	acott, M. D.	bady after
230.	saw the deceased couses stated abov 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) C. H	e, (1) (we) Winn	acott, M. D.	bady after

							_			
(Type or print)	First		Middle	CA	Lost		20. DATE OF	Month Do		2b. HOUR
erw ·	Unan			O.F.		DIRTH	Oct	ober 7	1968 IF UNDER 1 YEAR	1:45 PM
SEX .		4. RACE	60 F		5. DATE OF			6. AGE (In years lost birthdoy)	MONTHS DAYS	NOURS MIN.
Male		Cold		I.a.		10, 18		79 YRS.		
. BIRTHPLACE (Stote ountry)	or foreign	7b. CITIZEN OF WE	IAT COUNTRY?		NEVER MA	AKKIEU	9. COUNTY OF	DEATH		
Maryla		US.	M	WIDOWED		ORCED		OMICO		Md.
. CITY OR TOWN OF Salist		nives	ME OF HOSPITAL OR IN treet oddress) er's Head			during mo		(Kind of work done life, even if retired.)	INDUSTRY	F BUSINESS OR
o. USUAL RESIDENCE Imission) STATE Maryland			on: Residence before	13c, CITY O		13d. INSIDE CITY LIA		REET AND NUMBER 600 Bethel	L Stree	t
. FATHER'S NAME	First	Middle	Lost			MAIDEN NAME FI		Middle		Lost
1.75	lliam		Camper			Susa	an		P4	nder
So. WAS DECEASED E	VER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17.	INFO RMANT	5/115		Address		13002
Yes, no, or unknow	n) (If yes give	war ar dates of service)	217-10-8	394	Willi	am Camo	er. Ca	mbridge.	Marvlan	d
1		nly one couse per lin	e for (o), (b), ond (c)).)						XIMATE INTERVAL ONSET AND DEATH
PART I. DE	THE WAY CALLED	n DV.	ypertensi		eriose	lerotic	cardi	ar [upsay		days
412	IMMEDI		S A CONSEQUENCE OF		011000			decompensa		uays
Conditions, if or		(6)	S A CONSEQUENCE OF			ar 5	case,	accompensa	COL	
rise to immedia			S A CONSEQUENCE OF		1.11.	140			100	
lost.	ienymy couse	(c)								
PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	NOT RELATED T	O THE TERMIN	IAL DISEASE ORC	ONDITION GIVE	N IN PART 1(o)		
443X										
190. DATE OF OPE	RATION 19b	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20o. AU	TOPSY?		YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
					YES	NO 🔀	CAUSE	S OF DEATH?		
210. ACCIDENT					OW INJURY O	CCURRED (Enter	noture of inju	ry in Port 1 or Port 2,	Item 18.)	
or contributing			Month Doy Yeor	19						
21d. INJURY OC While Mot v	CURRED 21e	PLACE OF INIURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		OCATION Str	eet or R.F.D. No.	City	or Town	County	State
22g certify	that (f) (t)	nis hasnital) atte	anded the deceas	ed from	ctober	7 19 6	08 to 0	ctober 7, 19	60 the	t (A (we) last
saw the	deceased of	dive on Oct	ober /	19 00 ar	nd that in (4	(our) opin	nion deoth	occurred on the d	ote ond hour	ond from the
couses	stated abav	e, [() (we) (did)]	(didknot) view the	bady after	death.			7 - TY		
22b. SIGNATURE	Utc	Din	racis	(Mose	ATTENCE PHYS.		ED.	STAFF X 10	DATE SIGNED D/8/68	
22d. PHYSICIAN	S TY	7.72	11 N D	//	22e. Al		7		land	
NAME (Түре	7 U. H	. winnaco	tt, M. D.		Deer	r's Head	State	Hospital	Salis	oury,
BO. BURIAL, CREMATI		DATE	23c. NAME OF				23d. LOCATIO	ON (City or Town)	(County)	(Stote)
REMOVAL (Specif Burial		0/10/ 19	Doors		etery			idge, Mary		
4. FUNERAL DIRECTO			ADDRES:		200	2So. REC'D B'		25b. REGISTRAR	SIGNATURE	1.0
Herber	t M. S	t. Clair,	Jr. Camb	ridge,	Md.	DATOCT	2 2 19	68 golis	reco you	7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15139

TOTON	U	MEDICA	IL EXAMI	NER'S CI	ERTIFICAT	E OF DE	AIH:			
1. DECEASED-NAME (Type or Print)	First		Middle		Last			2a. DATE KNOWN Month		2b. HOUR
(Type of Filli)	EMMA		BER TH	P	CAREY			OF ESTI- DEATH MATED 10,	/21 168	9:15%
3. SEX	4. RACE	5. DATE OF BIRTH	1	S. AGE (In years last birthday)	MONTHS DAYS		24 HRS MIN	2c. DATE PRONOUNCED DEAD	V	2d. HOU
Fema1e	White	March 29	1892	76 YRS.		1100%3	l line	October 2 Poy	Year 19 68	975
70. BIRTHPLACE (St		7b. CITIZEN OF WHAT	COUNTRY?	8. MAI	RRIED NEVER !	MARRIED 🗌	9. COU	JNTY OF DEATH		
country) Mar	yland	USA			620	VORCED _		ICOMICO		N
10. CITY OR TOWN	of DEATH isbury	11. NAM give stre Pen 1	NE OF HOSPITAL pet address) Insula (or institution General	(If not in hospit	al Hou	SUAL OG	CCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSI INDUSTRY	INESS OR
130. USUAL RESIDE	NCE (Where decease	ed liyed, if institution	an: Residence b	efore 13c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		
admission) STA	Marylar Marylar		vicomico			YES 🔲 I	10	197 Hayward	Avenue	
14. FATHER'S NAME		Middle		Lost	1S. MOTHER'S N	AIDEN NAME	First	Middle	Lost	1
	John		Smu11e	en	13.00		Reb	pecca	West	
	EVER IN U.S. ARMED		6b. SOCIAL SECUE		7. INFORMANT (Son)		R. D. 1 ADDRESS BOX		SX-70
No.	own) (If yes give	war or dates of service)						Carey, Laurel,		
	OF DEATH (Enter on	ly ane cause per ling	for (a), (b), an						APPROKIMATE BEDWIEN ONSET	INTERVAL
	DEATH WAS CAUSE		Summe	ly-V	man				Char	AND DESTIN
148	5 X	1 /	A CONSEQUEN	E UF						1
	fany, which gove	(6)	48 C	CIO					Jen	
	ediate cause (a), l underlying cause (DUE TO, OR A	S A CONSEQUEN	CE OF						-
last.		(c)								
1491V	R SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMINA	DISEASE OR	CONDITIO	ON GIVEN IN PART I(a)		
19a. DATE OF 21a. EXTERNA	OPERATION	11	9b. CONDITION F		RATION		61		20. AUTOPSY	13
을	Die		WAS PERFOR	MED?					YES 🗆	NO
		216. TIME OF IN	JURY Manth, Day	, Year 2	1c. HOW INJURY	OCCURRED (Er	iter natu	re af injury in Port 1 or Part 2,	Item 1B.)	
CAUSE OF DE	OR CONTRIBUTING [HOUR A.M.	10-11		Fal	lat	he	m		
THE WAY	OCCURRED 21	PLACE OF INJURY (At	hame, farm, str	eet, 2	If LOCATION Stre	et or R.F.D. No	- 0	City or Town	County	State
WHILE AT WORK	NOT WHILE TO	ctary, affice building,	for		147 142	yuno	nd	The Solul	- We	, my
22a.	I certify that I t	aak charge af the	remains des	cribed abave	e beld an Au	topsy .	Ins	spection X, Inquiry (X), and in m	v apinia
		Natural cause				Hamicio		Undetermined manner		,
		0 .	1 -			HIEF MEDICAL				
ACTUAL SIGNATURE	Mar	1 1	ne.	/		SSISTANT MED			E SIGNED	
EXAMINER'S	Fam 1 1	Royer, N	1. D.	19541	M.U.	EPUTY MEDICA	L EXAMI	INER X Octo	ober 23/	1968
NAME (Type		nden Ave.,		oury, M				iwn, ar caunty)		N. TI
23a. BURIAL, CREM	ATION, 23b.	DATE			OR CREMATORY		23d.	LOCATION (City or Town)	(Caunty) (S	tate)
REMOVAL (Spe	al no	t. 25.196	Smu	llen Ce	meterv			Worces	ster, Mar	yland
24. FUNERAL DIREC	CTOR		A	DDRESS		2So. REC'I		GISTRAR 2Sb. REGISTRAR	S SIGNATURE	74
HOLL	OWAY & CO	MPANY, SA	LISBUR	Y, MARY	LAND	DATEOC	T 2	5 1968 20lia	was Judg	e

VR A15ME (5)

8 . . . WARRY CONTRACTOR OF THE STREET A fee a literature in the feet and the control of t the least to be a party of the ell of Control of the special section of the section of th

alang with farm PM3. Page ent of iny delay is and 3 ta 18. Give Pages 1,

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Fand 2 with the State hours after death. in any event within 72 prior ta burial, crematian, ar remaval, and

stoting the underlying cause

last.

NAME (Type)

24. FUNERAL DIRECTOR

BURIAL, CREMATION

REMOVAL (Specify)
Burial

409

Camden

23b. DATE

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office pending" in pencil in necessary, please execute the certificate, writing the ward may be retained far yaur TO DEPUTY

VR A15ME (5)

Health

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1513	1	MEDIC	AL EXAM	INER'S C	ERTIFICATI	E OF DE	ATH				
1. DECEASED-NAME (Type or Print)	First		Middle		lost			2a. DATE KNOWN C	-	Day Yeor	2b. HOUR
	OL	IN E.	HUN	ΓER	CAREY			DEATH MATED	10/7	7 1968	M M
3. SEX	4. RACE	S. DATE OF BIE	RTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER		2c. DATE PRONOUNC	D DEAD		2d. HOUR
Male	White	Apri1	2, 1930	38 YR	MONTHS DAYS	HOURS	MIN	October	POY	Year 1968	M
7o. BIRTHPLACE (Stote	e or foreign	7b. CITIZEN OF WE	IAT COUNTRY?	8. M	ARRIED NEVER N	ARRIED	9. COUN	ITY OF DEATH		11-55	, 3 L
(quntry) Mary 1	and	USA		WIC	DOWED DI	VORCED [V	VICOMICO			Md
10. CITY OR TOWN OF	F DEATH				N (If nat in hospit		SUAL OCC	UPATION (Kind of w		12b. KIND OF BUS	
Salish		and the same of th			1 Hospit	al during	bor e	working life, even i	f retired.)	Ice Com	oany
130. USUAL RESIDEN			ution: Residence	befare 13c. CIT	Y OR TOWN	13d. INSIDE CITY L	LIMITS?	13e. STREET AND NU	MBER		
odmission) STATE	Marylan	d 13b. COUNTY W	icomico	Sa1	isbury	YES N	10 🗆	309 Elmw	ood St	treet	
14. FATHER'S NAME	First	Middle		lost	IS. MOTHER'S M	AIDEN NAME	First		iddle	los	t
	Euphret	es	Care	∍y	Mile and	E1	llen	Eliza	peth	Shor	t
16a. WAS DECEASED EV			16b. SOCIAL SECU	IRITY NO.	17. INFORMANT(W	/ife)		ADDR	ESS 309	E1mwood	St.
(Yes, na, ar unknow Yes	vn) (If yes give Korea	war or dates of service)	213-24-		Mrs. Ada		Carey			Maryland	
	DEATH WAS CAUSE	ly ane cause per I D BY: ATE CAUSE (a)	ine for (o), (b), or Corona		clusion					APPROXIMATI BETWEEN ONSET SUDD	AND DEATH
410	9	DUE TO, OR	AS A CONSEQUEN	VCE OF						1.00	
	ony, which gove	(b)				FWY					

2	4201	NS CONTRIBUTE	NO TO DEATH OUT NOT KEE	THE TO THE PERMINAL DISEASE ON CONDITION OFFICE IN TARY T(U)	
IIIICAIIC	19a. DATE OF OPERATION		19b. CONDITION FOR WHICH WAS PERFORMED?	H OPERATION	20. AUTOPSY?
	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY Manth, Day, Year	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18.)

P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Town County

NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection X Inquiry K Undetermined manner death resulted from Notural causes X Suicide Homicide

ADDRESS

CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER D. EXAMINER'S

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

DUE TO, OR AS A CONSEQUENCE OF

DEPUTY MEDICAL EXAMINER Ave., Salisbury, ADDRESS(Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

1968 October

22b. DATE SIGNED

NO 🗌

State

and in my opinion

15140

10,1968 Wicomico Memorial Park Salisbury Wicomico, Maryland 2So. REC'D BY REGISTRAR

196B

15140		27 (3)
		Anna lea
16 11	The service of	
		1 01 101

both.

unerol puo

Ithin 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed w

burial-tronsit permit.

MARYLAND STATE DEPARTMENT OF HEALTH

. DECEASED-NAME (Type osula	First Ursul	a	Middle Hannah		Last Care	y	2a. DATE OF 10	DEATH Day	19	Y68	2b. HO 9:4
Female		4. RACE WY:	ite		S. DATE OF	BIRTH H 1,18	86	6. AGE (In years lost birthday) YRS.	MONTHS		HOURS 24
70. BIRTHPLACE (Stote or County) MARYLAN		U.S.		8. MARRIED WIDOWED	NEVER M	ARRIED ORCED	9. COUNTY OF	DEATH Vicomico			
O. CITY OR TOWN OF DE Salisbur	ATH	give	AME OF HOSPITAL OR INStreet address)			during m		(Kind of work dane life, even if retired.)		KIND OF JSTRY	BUSINESS OI
130. USUAL RESIDENCE (Vodmission) STATE	/here deceosed	lived, if institut 136. COUNTY Som	ion: Residence before	13c. CITY O	cess A	13d. INSIDE CITY		REET AND NUMBER 14 N. MAI	ISI	ON	
	First RLES	Middle HEATH	Lost		S. MOTHER'S	MAIDEN NAME		Middle DSWOR T H			Lost
16a. WAS DECEASED EVER Yes, no, or unknawn)	IN U.S. ARMED		16b. SOCIAL SECURITY		INFORMANT OWEN	SELBY	CHE	Address BTERTOWN	M	ARY	LAND
			ne for (a), (b), and (c). Coronary		bosis					BETWEEN C	imate interval onset and deat inutes
Conditions, if any, rise to immediate stating the under lost.	which gove) couse (o),	DUE TO, OR (b)	AS A CONSEQUENCE OF			diovaso	ular di	sease		Year	

Status post subtotal pancreatectomy due to carcinoma

CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy

P.M (If either, notify medical examiner 21d. INJURY OCCURRED While Not while AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21e. PLACE OF INJURY ot wark

21f. LOCATION

City or Town

the deceased from 22a. I certify that (this haspital) attended saw the deceased alive an 10/21 , and that in (my) (2000) apinian death accurred an the date and haur and from the causes stated above, (I) (3000000) (dichard) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE

PHYSICIAN'S V. Maldve, M. D.

ATTENDING PHYS. 22e. ADDRESS

PRES

MED. DIRECTOR

10/24/68 21801 Deer's Head State Hospital; Salisbury, Md

County

230. BURIAL, CREMATION

NAME (Type)

23b. DATE 10/27 1968 23c. NAME OF CEMETERY OR CREMATORY MANOKIN

PRINCESS

(County) (Stote)

State

24. FUNERAL DIRECTOR

ADDRESS

25b. 25a. RECD BY REGISTRAR

REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon popers. director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon popers. Ishould be filed with the Stote Dept. af Heolth prior to buriol, cremation, or removol, and in any event, within 72 h Page 4 moy be retoined by the hospital or ottending physician. VR ATSTAL 30M REV. 1/68

WILSON

PRINCESS ANNE

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THE PART		Towns.	eprincipal sprincipal	elien Alus
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LERS A		1304	PRITECTES ATES	HORST'S A HISTOR

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FOR STATE HEALTH DEPT.

P.M.3. Page artment of

any delay is 1, 2, and 3 ta

Give Pages 1

after death.

Health prior to burial, cremation, ar removal, and in any event within 72 hours TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

This certificate shauld be executed within 24 haurs after death

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

	1919	٠.		AL EXAMINER							
	ECEASED-NAME Type or Print)		st LIAM	Middle H O WARD		lost CISSI	EL			Day Yeor 24-68	2b. HOUR
	ale	4. RACE White	S. DATE OF BIRT	21 47	rthday) MONTH YRS.		HOURS	MIN	2c. DATE PRONOUNCED DEAD Month 10 Day 2	4 Yeor 168	2d. HOUR
	BIRTHPLACE (Stone) Ma:	ote or foreign	7b. CITIZEN OF WHA		MARRIED [WIDOWED [NEVER MA	ARRIED A	9. COU	Wicomico		Me
		isbury	give st	Peninsul	a Gen	eral	12a. U during Indu	most of	CUPATION (Kind of work dane working life, even if retired.) LAL designer 13e. STREET AND NUMBER	12b. KIND OF BUS	iness or tist
	dmission) STA		13b. COUNTY W	icomico	Heb		YES 🔀 N	10 🗆	516 Main	St.	
		First	Middle A •	Cisse	1		IDEN NAME Kath			los Howa:	
		EVER IN U.S. ARMEI		16b. SOCIAL SECURITY NO	Mrs		te H.	Ci	ssel, see se		
	PART I. 8/6 Conditions, if	DEATH (Enter of DEATH WAS CAUS IMMED only, which gove diate cause (a), underlying couse	DIATE CAUSE (a) DUE TO, OR (b)	e for (a), (b), and (c).) Cru AS A CONSEQUENCE OF AS A CONSEQUENCE OF	shed	chest	5			APPROXIMATE BETWEEN ONSET Minut	AND DEATH
	PART 2. OTHER	SIGNIFICANT CON	NDITIONS CONTRIBUTION	NG TO DEATH BUT NOT R	RELATED TO THE	TERMINAL I	DISEASE OR (CONDITIO	N GIVEN IN PART I(a)		
TIFICATION	190. DATE OF	OPERATION	1	19b. CONDITION FOR WI- WAS PERFORMED?	IICH OPERATION					20. AUTOPS	Y?
MEDICAL CERTIFICATION	21d. INJURY C	OR CONTRIBUTING ATH CCURRED 21e	12:05x	NJURY Manth, Day, Year 1. 2. 10-24+6 t home, farm, street, 1, etc.)	8 Dr:	iver	of a	uto	re of injury in Port 1 or Port 2, Ite that ran of City or Town Hebron, Wico	f road.	State
	22a.	l certify that I	took charge of th	e remains described	obove, held	ide, CH M.D. ASS	apsy, Homicia IEF MEDICAL SISTANT MED PUTY MEDICA	Institution in the Institution i	pectian , Inquiry X Undetermined manner ER	and in m	ny opinion

23c. NAME OF CEMETERY OR CREMATORY

St.

VR A15ME (5)

5 may be retained far your

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24. FUNERAL DIRECTOR Hill Funeral Home, Salisbury, Md.

23b. DATE

10-26-68

Philips Churchyard yard Quanti RECD BY REGISTRAR 25b. OCT 2 8 1968 Md.

(County)

(State)

23d. LOCATION (City or Town)

		A ALL DE TOT
	Post State S	
and void		
Total Residence of the State of		
	dond to	THE REAL PROPERTY.
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MARYLAND STATE DEPARTMENT OF HEALTH

15134	r	DIVISION OF VITAL RECORDS		STON STREET, BALT TE OF DEATH	IMORE, MA	RYLAND 21201	15143	
DECEASED-NAME (Type or print) SEX	First Min	Middle nie Pearl 4. RACE	5.	DATE OF BIRTH	20. DATE OF	Month 6es 6. AGE (In years		2b. HOU
Fenn, 7a. BIRTHPLACE (State country) North Ca	ar fareign 7	7b. CITIZEN OF WHAT COUNTRY? USA		August 26 NEVER MARRIED DIVORCED	9. COUNTY OF	last birthday) 62 YR DEATH		URS A
10. CITY OR TOWN OF Salist	DEATH	11. NAME OF HOSPITAL OR I	Genera:	n haspital 12a. USU 1 Hospital	AL OCCUPATION Pst of working	(Kind of work don	ne 12b. KIND OF BUS INDUSTRY	NESS OR
	(Where deceosed	lived, if institution: Residence before	Frank		100101	reet and number t. # 2		
14. FATHER'S NAME Joh		Middle Lost ley Henna		NOTHER'S MAIDEN NAME Sa.	^{first} ra Hen	Middle na		ost
16a. WAS DECEASED EN Yes, no. or unknown	ER IN U.S. ARME (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY 243-24-		John Cob	b	Address Frankfo		
197V	re cause (a), (erlying cause GNIFICANT COND	DUE TO, OR AS A CONSEQUENCE O (c) OTHER TO DEATH BUT	NOT RELATED TO T			100		
190. DATE OF OPER		ONDITION FOR WHICH OPERATION WAS F		20a. AUTOPSY? YES ☑ NO ☐	CAUSE	OF DEATH?	S CONSIDERED IN CERTII	YING
OR CONTRIBUTING	CAUSE OF OEATH	HOUR A.M. Manth Day Yeo	or 19	INJURY OCCURRED (Ente			2, Item 18.)	Ġ
While Not w	hile 🗆 📗	LACE OF INJURY (AT HOME, FARM, STREET, F		eal.	ρ	or Town	County	State
		haspital) attended the decea ve an (1) (we) (did) (did nat) view the				corred an the		fram
		11 1 11				1 2	2c. DATE SIGNED	,
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ril)	Gilione	DEGREE DEGREE	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS.	10-19-68	30

VR A15 (4) 30M REV. 1/68

• HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been VR A15 (4)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) County State 22a. I certify that (I) (this hospital) attended the deceased fram 10 27, 1968, ta 10-31, 1968, that (I) (we) last saw the deceased alive an 10-31 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the 22c. DATE SIGNED NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE (County) (State) REMOVAL (Specify) Mt, ZiON - JERSCY BURY SAISBURY 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATNOV

15144

1F LINDER 1 YEAR

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

MONTHS

2b. HOUR

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Over Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office and with farm PM3. Pages 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depar

Health prior to burial, cremotian, or remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

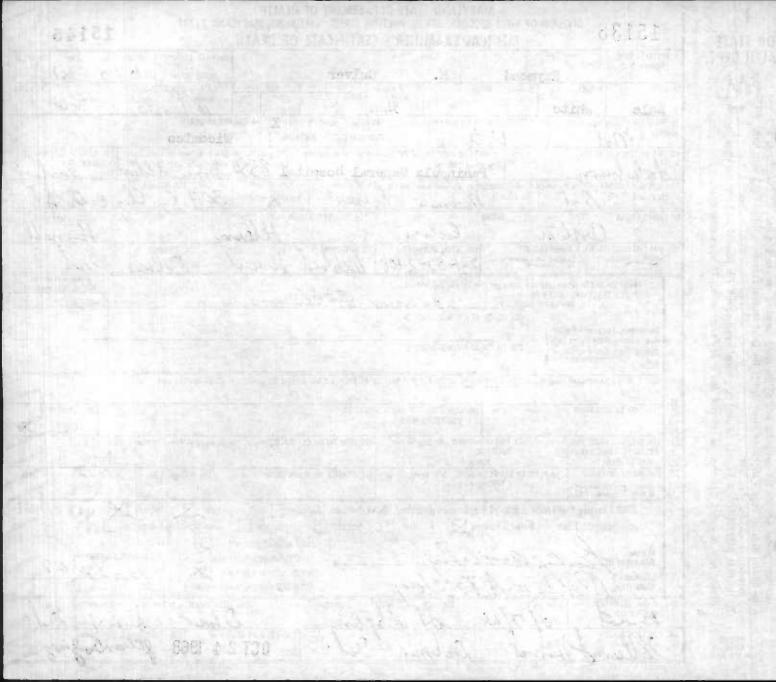
MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

15145

		MIEDICAL	CVAMILLACK	3 CENTIFICATE	OI DEATI		
1. DECEASED-NAME (Type or Print)	First		Middle	Lost		20. DATE KNOWN Month	Doy Year 2b. HOUR
(Type of Tillit)	Ray	nond	E.	Culver		DEATH MATED [13 /	15 1968 M
3. SEX	1. RACE	S. DATE OF BIRTH	6. AGE (I		1F UNOER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD	2d. HOUR
Male	White			Hoday) MONTHS OAYS	HOURS MIN.	Month Day	Yeor 19 M
70. BIRTHPLACE (Stote	or foreign 7b.	CITIZEN OF WHAT C		MARRIED NEVER MA	RRIED X 9. CO	OUNTY OF DEATH	
country) Inc		0,5	,	WIDOWED DIV	ORCED 🔲	Wicomico	Md
10. CITY OR TOWN OF	DEATH			ITUTION (If nat in haspita			12b. KIND OF BUSINESS OR
Salesbu	14	give street Per	insula Ge	neral Hospi	tall 250	of working life, even transfet.	INDUSTRY General
13o. USUAL RESIDENCE admission) STATE		lived, if institution 13b. COUNTY	Residence before 13	Relman	3d. INSIDE CITY LIMITS? YES NO	304 C. Clas	leth ST
14. FATHER'S NAME	First	Middle	e 1 Lost	IS. MOTHER'S MA	IDEN NAME, FIN	Middle O	O Lost 11
(Willem	7316	Culves		Hele	bra	turnell
(Yes, no. or unknown			. SOCIAL SECURITY NO. 21-02-240	08 Millines	Vincer	J Denes	ml
18. CAUSE OF I	DEATH (Enter anly a	ne cause per line fo					APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
PART I. DE.	ATH WAS CAUSED B'		Corn	ar freel	ceasing		
4109	7		CONSEQUENCE OF				
Conditions, if on		(b)					
rise to immedia		, ,	CONSEQUENCE OF				
last.)	(c)					
PART 2. OTHER SI	GNIFICANT CONDITIO	INS CONTRIBUTING 1	O DEATH BUT NOT R	ELATED TO THE TERMINAL I	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)	
= 4201							
190. DATE OF OP	ERATION	19b.	CONDITION FOR WHI WAS PERFORMED?	CH OPERATION			20. AUTOPSY?
KIIE							YES NO
21a. EXTERNAL CA	CONTRIBUTING	HOUR A.M.	RY Manth, Doy, Year	21c. HOW INJURY O	CCURRED (Enter na	iture of injury in Part 1 or Port 2, Ite	em 18.)
E CAUSE OF DEATH		P.M.	19				
	1	CE OF INJURY (At ho y, office building, et		21f. LOCATION Street	or R.F.D. Na.	City ar Tawn	County State
AT WORK AT	WHILE Tactar	y, other bollaling, or				X-44 - 63 - 66 - 66 - 66 - 66 - 66 - 66 -	URGER STREET
22a. 1 c	ertify that I taal	charge of the re	emains described	abave, held an Auto	apsy , I	nspection Inquiry	and in my apinian
death resi	ulted fram:	Natural causes	Accident	, Suicide,	Homicide [, Undetermined manner	
	0	0	1	CH	IEF MEDICAL EXAMI	INER	
ACTUAL SIGNATURE	1/200	asin	luf	M.D. ASS	SISTANT MEDICAL EX	XAMINER 226. DATE	SIGNED
EXAMINER'S	Dili	17	- 1-1	DEI	PUTY MEDICAL EXAM	MINER DE 10 -	.22-68
NAME (Type)	1/4.1.	pH1.	NILLA		DRESS(Street, city,	tawn, or county)	
230. BURIAL, CREMATI RIMOVAL (Specify		TE /	23c. NAME OF CE	METERY OR GREMATORY	23	d. LOCATION (City or Town)	(County) (State)
Pura	101	17/68	104 A	believes		Celmer Aus	er del
24. FUNERAL PIRECTO	MA	0	> ADDRESS	0/	2Sa. REC'D BY R		SIGNATURE
1/1/1/100	nA 11/4,2	rel .	yr mes	Vel.	DATE OCI	2 4 1968 gclis	was may

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15146 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR remave carban papers. Pages I and any event, within 72 haurs after death that the death certificate be executed within 24 haurs after death funeral (Type or print) Month 10:30 A N -1291E 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) MONTHS] DAYS HOURS Female 79 Negro 3-11-89 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED campletely filled in (quntry) WIDOWED DIVORCED Maryland Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Salistyry Wicomico Nursing Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE COUNTY YES NO T Princess Anne BOXID comerset. Marriand pup Last 1S. MOTHER'S MAIDEN NAME First Middle Martha Besten physician c 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rhodes Yes, na, ar unknawn) (If yes give war or dates of service) 219-07-6451 burial, crematian, ar remava 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. uman IMMEDIATE CAUSE (q) 62 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the haspital ar attending has been be detached far use as the State Dept. af Health prior ta CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🔲 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work 22a. I certify that (I) (this-hospital) attended the deceased fram 16/13 1968, and that in (my) (per) apinian death accurred an the date and have and fram the saw the deceased alive an_ director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS. 22e. ADDRESS 2d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) (State) BREMOVAL (Specify) I0/20/68 MtCarval princess Anne. Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Munico

William H. James Jr. Prinecss Anne. Md

1968

DATE OCT 18

MARYLAND STATE DEPARTMENT OF HEALTH

Item 6 FilmGL06 11/1/68

VR A15 (4) 30M REV. 1/68

- which have a sortical to the same mathematic control of the second of the seco TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached far use as the burial-transit permit. Then please remove carbary should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, with

VR A15 30M REV.

-1		20100.	CLIVI	IIICAIL OI	DEATH				
		CEASED-NAME First ype or print)	Middle	Custis	. C .	20. DATE OF DEATH Month	Doy	Yegr d	2b. HOUR
I	3. SE	X 3 4. RACE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S. DATE OF		6. AGE (In lost birthe	yeors M		IF UNDER 24 HRS. HOURS MIN.
1			N OF WHAT COUNTRY? 8. MA	RRIED NEVER M	ARRIED 9.	COUNTY OF DEATH	YRS.		
	coun	Md,	U.S WID	OWED DIV	ORCED	Wic	omic	0	Md
,		alisbury	11. NAME OF HOSPITAL OR INSTITUTION Give street address) Peninsula Ge		120. USUAL Of during most. Hospita.	OCCUPATION (Kind of wo of warking life, even if	ork done retired.)	12b. KIND OF B INDUSTRY	USINESS OR
		USUAL RESIDENCE (Where deceosed lived/if ssion) STATE 136. CC	institution: Residence befare 13	ity or town incess An	13d. INSIDE CITY LIMITS	S? 13e. STREET AND NU	JMBER		
	14. F	ATHER'S NAME Priest N	liddle Cost 15	1s. Mother's Mar	MAIDEN NAME First	Hinma	Middle		Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES es, no, ar unknown) (If yes give war or dates of s		17. INFORMANT	Custin	str. Up	Address Per/	Jarbo.	ra Md
		1B. CAUSE OF DEATH (Enter anly one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2011-00-0	eal w	Lorde	in			ATE INTERVAL SET AND DEATH
		1/1 4 0	TO, OR AS A CONSEQUENCE OF	Adami	10 1000	t do secu	12	رکھ	N
		rise to immediate cause (a)	TO, OR AS A CONSEQUENCE OF	redo	Torses	cleroses	2	0	
		PART 2. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN PART 1((0)		
,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFORMI	ED 200. AU YES [20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CON	ISIDERED IN CER	TIFYING
	MEDICAL CER		TIME OF INJURY IR A.M. Month Day Year P.M. 19	21c. HOW INJURY O	CCURRED (Enter no	ature af injury in Part 1	ar Part 2, Ite	m 18.)	
		21d. INJURY OCCURRED While Nat while at work of work	NJURY (AT HOME, FARM, STREET, FACTORY,)	21f. LOCATION St	reet or R.F.D. No.	City or Town	350	County	State
		22a. I certify that (1) (this haspite saw the deceased alive an couses stoted above (1) we	al) attended the deceosed fro	, and that ind	my) (our) apinio		in the date	and hour a	(1) (we) last nd from the
		22b SIGNATURE	elsely M. P	DEGREE PHYS.		CTOR STAFF PHYS.	_	TE SIGNED	
		22d. PHYSICIAN'S NAME (Type) John T. t.	Bulkeley	22e, A	Pine BL	uld Road		Hisbur	4, Md.
	230	REMOVAL (Specify) 23b. DATE	168 12 Bap	0 0 0	netury f.	23d LOCATION (City or To	Wore	(County)	(State) TXL
1	24]	FUNERAL DIRECTOR Summe	ADDRESS Preno	11	2So. REC'D BY R		EGISTRAR'S SI	GNATURE	refee

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A TO SAN The first term of the control of the The safe is the second of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the haspital ar attending physician.

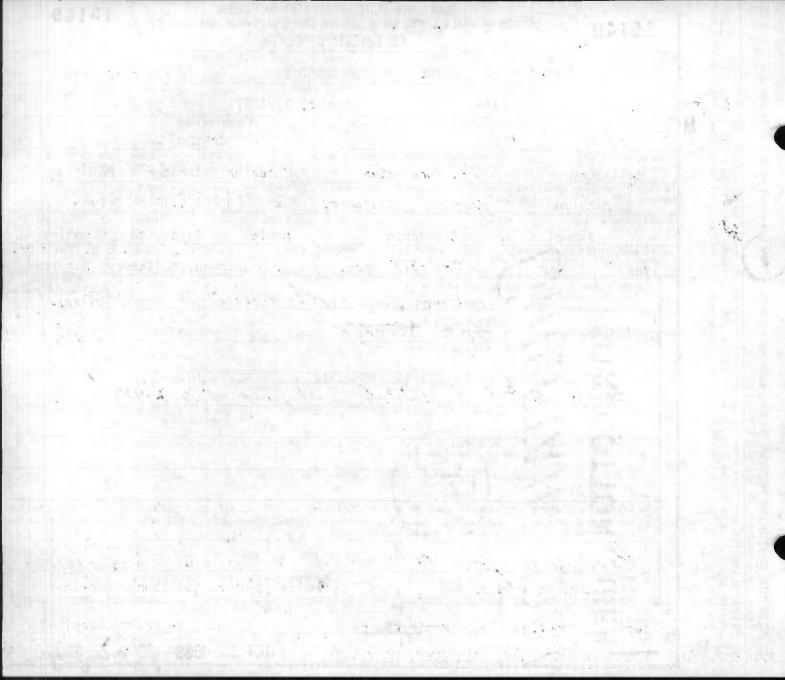
tificare be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15149

CERTIFICATE OF DEATH

- 1													
		CEASED-NAME ype or print)	First HAR	RY	Middle BOONE		Last DISHAR	0 0N	2a. DATE (October Do	¹⁹ 17 ^Y	1 968	2b. HOUR
Mala	3. SE	x Male		4. RACE White			S. DATE OF B	y 21,1	897	6. AGE (In years last birthday) YRS.	IF UNDER MONTHS		F UNDER 24 HRS. HOURS MIN.
	7d. I	BIRTHPLACE (Stote or fo	0	7b. CITIZEN OF WE	IAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNTY O	F DEATH			Md
0	10. 0	Salisbur	Н	11. NA Aive 406	AME OF HOSPITAL OR IN Preet address) S. Park	Drive	f nat in haspital			N (Kind of work dane g life, even if retired.) SCOP & COP	12b. K INDUS Pai	IND OF BUSTRY	JSINESS OR
	13o. odmi	usual residence (Whossion) STATE Mary	land	ed lived, if institut 13b. COUNTY	on: Residence befare		or town sbury	13d. INSIDE CITY E	-	TREET AND NUMBER	Driv	e	
	14.1	ATHER'S NAME Fi	st	Middle	Last		1S. MOTHER'S M			Middle			Last
I	160	Sa Was deceased ever II	mue l	J.	Dishard 16b. SOCIAL SECURITY		. INFORMAN W	Anni	e	Elizabeth		eatl	ey rk Dr.
1	Y	es, na, ar unknawn)	(If yes give w	vor or dotes of service)	220-10-97		•		isharo	on, Salisbu			
		18. CAUSE OF DEATH WATER TO PART 1. DEATH W	(Enter on	ly one couse per lin D BY: ATE CAUSE (a)	ntemore	levie	e hear					APPROXIMA	
	7	Canditions, if any, what rise to immediate constating the underlying last. PART 2. OTHER SIGNIF	iuse (a), ig couse ICANT CON	DUE TO, OR A	S A CONSEQUENCE OF S. A CONSEQUENCE OF TING TO DEATH BUT N					TEN IN PART I(a); Emplys	iena	980	<i>.</i> .
X	CERTIFICATION	19a. DATE OF OPERATIO	N 19b.	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTO	OPSY?	20b.	IF YES, WERE FINDINGS ES OF DEATH?			TIFYING
	MEDICAL CER	21a. ACCIDENT WAS L ☐ OR CONTRIBUTING ☐ C (If either, natify medi	AUSE OF DEAT	HOUR A.M. P.M.	Month Day Year	9				ury in Part 1 ar Part 2,	Item 18.)		
	W	21d. INJURY OCCURRE While Mat while at wark			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					y ar Tawn	Caunty		State
	H	saw the dec	eosed a	live an LOL	ended the decease (4/63 (did not) view the	19 c	ind that in (n	, 19_ ny) (our) op	, ta inian death	accurred on the d	ate and	, that (haur ar	l) (we) las id fram the
1		22b. SIGNATURE 22d. PHYSICIAN'S			w M.	O, DE	GREE ATTENDI PHYS.	ORESS [MED. DIRECTOR	STAFF PHYS. DOC	DATE SIGI	181	
1		NAME (Tγpe)	r. R	aymond M	. Yow		Med	ical C		Salisbury	, Mar	ylan	id
		BURIAL, CREMATION, REMOVAL (Specify) Burial	23b.		68 Monie	Cemet	OR CREMATORY		Moni	10N (City or Tawn) e, Somerse	(Count	ryla	(Stote) ind
9	24.	FUNERAL DIRECTOR HOLLOWAY			ADDRESS ALISBURY.			DATE OC	T 2 2	2Sb. REGISTRAR	S SIGNATU	RE	



15143

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15150

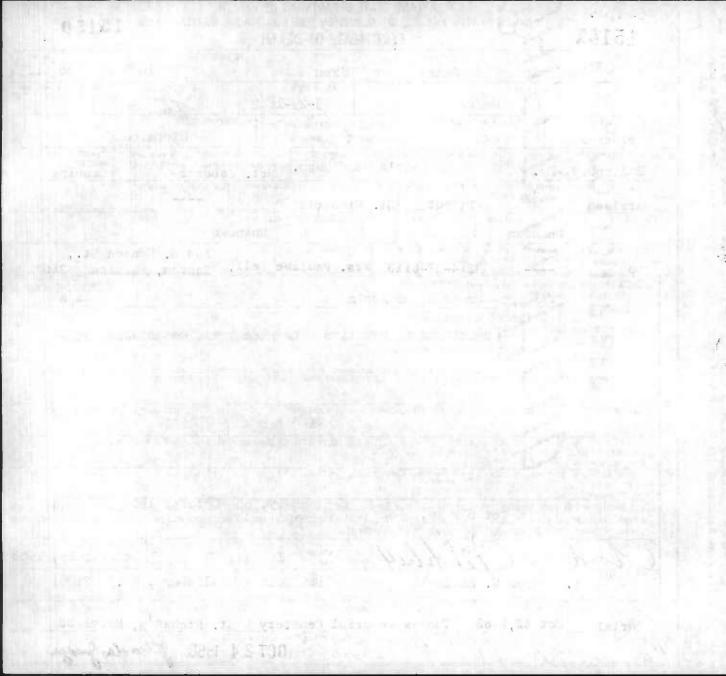
CERTIFICATE OF DEATH

	TO T	2 %			CENTITIO	AIL OI D	LMIII						
	ECEASED-NAME Type or print)	First		Middle		Last		2a. DATE Of		Day 7 (O Venr		HOUR
Ľ.		Benja	min	James		Dixon			Month 10	not To	3 1601 0	0 0	:15 m
3. SI			4. RACE			5. DATE OF BIRTI			6. AGE (In years lost birthday)	MONT	NDER 1 YEAR THS DAYS	HOURS	R 24 HRS.
	Male			Regro	JUSCH C	3-25	-1882		X6	YRS.	IIS DATS	HOOKS	mm.
	BIRTHPLACE (State o	r foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	D	9. COUNTY OF					
(001	Florid	la		USA	WIDOWED	DIVORCE			Wicomi	CO		225	Md.
10. (CITY OR TOWN OF DI		d.	11. NAME OF HOSPITAL Ogive street address)	or institution (if n	ot in hospitol ad Hosp.			(Kind of work do life, even if retire ICI		2b. KIND OF NDUSTRY Canni		S OR
	USUAL RESIDENCE (Vission) STATE Maryland		sed lived, if i	nstitution: Residence be	fore 13c. CITY OR	St. Michaels 13d. Inside city Limits? 13e. STREET AND NUMBER							
14.	FATHER'S NAME	First	Mic known	ddle La		. MOTHER'S MAID		irst known	Middle	е		Last	
	. WAS DECEASED EVE			16b. SOCIAL SECU	RITY NO. 17. 1	NFORMANT		1	04 S. Addras	hsen	St.		
1	res, no, or unknawn)	(IT yes give s	war ar dates of sen	214-07-	8113 Mr	s. Pauli	ne Be	4.4	aston M			2160	01
	18. CAUSE OF DEA	ATH (Enter or	aly one cause	per line far (a), (b), an	d (c).)						BETWEEN (IMATE INTER	DEATH
	PART I. DEATH	IMMEDI.	D BY: ATE CAUSE (a)	Broncho	pneumoni	2.			THE PARTY		day	S	
	1857	X	DUE TO	, OR AS A CONSEQUENC	E OF								
	Canditions, if any,			carcinoma	of pros	tate wit	h wid	lesprea	d metast	asis	yea	rs	
	stoting the under		DUE TO	, OR AS A CONSEQUENC	E OF								
	last.		(0)									
	PART 2. OTHER SIG	GNIFICANT CO	NDITIONS CON	ITRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL C	ISEASE ORC	ONDITION GIVE	N IN PART 1(o)				
NO	1177												
CERTIFICATION	190. DATE OF OPERA	ITION 19b.	CONDITION F	OR WHICH OPERATION W	AS PERFORMED	20a. AUTOPS	NO 🗀	CALISE	F YES, WERE FINDIN S OF DEATH?	igs consid)ERED IN C	ERTIFYIN	iG
MEDICAL CER	21a. ACCIDENT WA	CAUSE OF DEA	TH HOUR	IME OF INJURY A.M. Manth Day P.M.		OW INJURY OCCUR	RED (Enter	nature of inju	ary in Port 1 or Par	rt 2, Item	18.)	3	
ME	21d. INJURY OCCU While Nat whi at wark at wor	RRED 21e		JURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET, FACTORY.) 21f. LC	OCATION Street of	r R.F.D. No.	City	y ar Town	Co	ounty		State
	22o. I certify	that (1) (th	nis haspital	attended the decoration (did) (did not) view	the body after	Sep temb d that in (my)	(our) opi	60, toUC nion deoth	occurred on the	9 <u>6</u> e dote o	3_, that and hour	ond fr	ve) last om the
	22b-STGNATULE	dn	ew (Mit	helf DEGR	ATTENDING		NED.		22c. DATE Octol	signed ber 1	9, :	1968
	22d. PHYSICIAN'S NAME (Type)	Dr. A	ndrew	C. Mitchel	1	226 ADDRE	2018	Sal	isbury,	Md.	218	01	
230	BURIAL, CREMATION		DATE	23c. NAM	E OF CEMETERY OR	CREMATORY		23d. LOCATI	ON (City ar Tawn)	(0	ounty)	(Stat	e)
	REMOVAL (Specify) Burial	Oc	t 22,1		as Memor				Michaels		rylar	nd	
24.	FUNERAL DIRECTOR	0	4	1 LAD		lo,mar			68 25b. REGISTR	RAR'S SIGN	ATURE	lan	
1	Junior	ne -	dena	cl	2	1663	ADCT	4 10	00	THE	Jan !	1	

he feneral ges T and 2 after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, hours after death. Proge 4 may be retained by the hospital of ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove cording pages. Posshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours. Poge 4 moy be retoined by the hospital or ottending physicion.

> VR A15 30M REV.



Levin Wilson, Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 10M REV. 1/68 81-021-1

24. FUNERAL DIRECTOR

(County) (Stote) Princess Anne Somerset Mc 2Sb. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

1968

DATO CT

2b. HOUR

2d. HOUR

Yeor

INDUSTRY

12b. KIND OF BUSINESS OR

Lost

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

Montels

20. AUTOPSY?

YES X

County

NO [

Stote

and in my apinian

1968

HIAM SOCIAL TOTAL CONTINUES OF THE CONTINUES OF T solinous, o. U.S.A. gestremmet intute o Record Records, Princess anne. W. Co. Sucial land, with second company three a life in the second company to the second compan AREA SECTION TO THE SECTION OF

15143

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de Page 4 may be retained by the hospital ar attending physician.

icate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Y				CERTIFIC	CATE OF	DEATH		TOIO	~
		First Isabel	Middle Spring	I) RY D	EN	OCTOBER DE	190	2b. HOUR 4 30
3	FEMAL	E Whi			S. DATE OF BI		6. AGE (In years last birthdoy) 72 YRS	MONTHS DAYS	IF UNDER 24 HI
1	o. BIRTHPLACE (Stote or for country) New Jersey	U.	S.A.	WIDOWED		CCED [OUNTY OF DEATH Wicomi		
0	o. CITY OR TOWN OF DEATH Salisbury		Peningula	Gener	al Ho	120. USUAL OF	CCUPATION (Kind of work done of working life, even it retired.) House Wife	12b. KIND OF INDUSTRY OWN I	BUSINESS OR Iome
2	3o. USUAL RESIDENCE (When demission) STATE Maryland	re deceosed lived, if 13b. CC	institution: Residence before UNIY Wicomico	13c CITY OF Salis		YES NO		St.,	
1	4. FATHER'S NAME Firs	it N	liddle Lost	1		AIDEN NAME First	Middle		Lost
-	Gard		Spring			Ada		Nay.	Lor
	16o. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES (If yes give wor or dates of so	noire)		INFORMANT	an Augus	Address stine, Sec # 13	3	
	IN CAUSE OF BEATH	(Enter only one cous	r () () 1/1	,				APPROXI	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY:	e per line for (o), (b), and (c)	eltin	le m	velow	ice	18	nos
	1002 X	CANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	IOT RELATED T	O THE TERMINA	L DISEASE OR COND	OITION GIVEN IN PART 1(a)		
X	190. DATE OF OPERATION 210. ACCIDENT WAS U	19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
	210. ACCIDENT WAS U	USE OF DEATH HOU	TIME OF INJURY R A.M. Month Doy Yeor P.M. 1	9 21c. H	IOW INJURY OCC	URRED (Enter not	ture of injury in Port 1 or Port 2	, Item 1B.)	
	While Not while		NJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or Town	County	Stote
	22a. I certify that saw the dece causes stated	t (I) (this haspite eased alive an_ d abave (I) (we	al) attended the deceas	ed fram 19, an bady after	d that in medeath.	y) (aur) apinia	n death accurred an the d	9 <u>68</u> , tha(late and haur	(I) (we) and fram
	22b. SIGNATURE	5 Bu	elseley N	1.7 DEG	REE PHYS.	IG MED.	TOR STAFF 222c	. date signed 10-7-196	8
1	22d. PIÝYSICIAN'S NAME Type)	Dr. John	T. Bulkeley		22e. ADD Pir	ne Bluff	Rd., Salisbur		and
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-19		s Ceme		5	Bd. LOCATION (City or Town) Balisbury, Mar		(Stote)
2	24. FUNERAL DIRECTOR		ADDRESS lisbury, Mary			250. REC'D BY RE	GISTRAR 25b. REGISTRAR		ed

The state of the s AND AND THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

				EKIIFIC	AIL UF D	EAIH				
	ECEASED-NAME First		Middle		Lost		2a. DATE OF I	DEATH		2b. HOUR-
()	Type or print) MAR	2V E11	en	DAV	DPM			Month - 300	6 goor	430 M
3. S	X	4. RACE		1	S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	emale		ire		Dec. 2			lost birthday) YRS.	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT (OUNTRY?	8. MARRIED	NEVER MARRIE	D 9.	COUNTY OF	DEATH		
cuo	Virginia	U.S.		WIDOWED	DIVORCE		W	icomico		Md.
10.	Salisbury	11. NAME of	oddress) Pen	insul	a '			Kind of work dane fe, even if retired.)	12b. KIND O INDUSTRY	F BUSINESS OR
130	USUAL RESIDENCE (Where decease	ed lived if institution:	Genera Residence before	13c CITY OR	TOWN 134	INSIDE CITY LIMIT		EET AND NUMBER		
	issian) STATE SURVED	VSomers		Ruces	0	NO[son.	
14.	FATHER'S NAME First	Middle	Lost	15	S. MOTHER'S MAID	N NAME Firs	st	Middle		Lost
	Charles	H. Reyno	lds			Mary	7	G	Smith	
	(es, no, or unknown) (If yes give w	MED FORCES?	. SOCIAL SECURITY NO	0. 17. I	NFORMANT S.R.Ea	rl Mu	ırray	Balisbu:		
	18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE) IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	D BY: ATE CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF	C (arrest Condition	ssculd		Ease i F	APPROI BETWEEN	XIMATE INTERVAL OMSET AND DEATH
2	Memo	Λ.	(LA	A ADR	T Tot	vec.	Tole	L (u)		
CERTIFICATION		CONDITION FOR WHICH (PERATION WAS PE	FOLMED	20a. AUTOPSY	NO (SC		YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN	CERTIFYING
MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical exami	HOUR A.M. M	onth Doy Year 19		OW INJURY OCCUR	RED (Enter r	nature af injury	in Part 1 ar Part 2,	Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT A	IOME, FARM, STREET, FACT CE BUILDING, ETC.	ORY.) 21f. LO	OCATION Street a	r R.F.D. No.	City o	or Town	County	Stote
	22o. I certify that (1) (*b saw the deceased a causes stated above	live on OC	150 19	0 0 on	d that in (my)	, 19 <u>©</u> (oor) opini	, toC ion deoth a	ccurred on the de	, that ote and hour	t (I) (we) last r ond from the
	22b. SIGNATURE	ues C.	Help C	DEGR	REE PHYS.		D. RECTOR	STAFF PHYS. 22c.	DATE SIGNED 0 - 30	-68
	22d. PHYSICIAN'S NAME (Type) Thom	95 C Hell	JR		22e. ADDRES	ino B	shall E	d. Sole	sbury	Md.
	BURIAL, CREMATION, 23b.	DATE _/2/68	23c. NAME OF C				23d. liptation	(City or Town)	(County) Somer	set; Md
N /	FUNERAL DIRECTOR	uli-)	ADDRESS	ss A	nne Md	a. REC'D BY		25b. REGISTRAR'S	SIGNATURE	udet

Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 havrs after death. ours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camble try filled in the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave cachon papers should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 bay. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4)

heral ond 2 deoth.

deoth.

within 24 hour

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS BAITIMORE MARYIAND 21201

4	1514	U			CERTIF	ICATE OF	DEATH						
	ASED-NAME e or print)	First		Middle		Lost		2a. DATE O		-Dov 3 o Am	2b. HOUR		
7-11		PHYLL	ES	EDNA	ELLLIN	GHAUS		Uc	tober 1	3°, 1968	3:35 P N		
3. SEX			4. RACE			S. DATE OF B	IRTH		6. AGE (In years	IE UNDER 1 Y			
	Female		Whit	Se .		Novemb	er 14,	1878	last birthdoy)	'RS. MDNTHS	DAYS HOURS MIN		
7o. BIR	THPLACE (State o		b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNTY O					
	Maryla		USA		WIDOWE		RCED 🔲		MICO		Md		
S	Y OR TOWN OF D alisbur	7.	Deel	AME OF HOSPITAL OR II street oddress) S Head S	State	f not in hospital Hospita	1. during ma Sean	L OCCUPATION ist of working nstress	N (Kind of work do glife, even if retire S	d.) 12b. KIN INDUST	or ing		
130. US admissi	SUAL RESIDENCE (ion) STATE Maryland	Where deceased	lived, if institut	ion: Residence before	Vien		13d. INSIDE CITY LIA YES NO	MITS? 13e. S	TREET AND NUMBER		Street		
14. FAT	THER'S NAME B	First enjamin	Middle	Last	arton	1S. MOTHER'S M Adkins	AIDEN NAME FI	Georg	Middle i a		ad ley		
	/AS DECEASED EVE , no, or unknown)		FORCES? or dates of service)	16b. SOCIAL SECURITY	'NO. 1	n. INFORMANT (Foster hen L.	son) Adkins	Addres s, Vienna	, Mary			
11		ATH (Enter only	ane cause per li	ne for (o), (b), and (c).)						PPROXIMATE INTERVAL NEEN ONSET AND DEATH		
	PART I. DEAT	H WAS CAUSED E	CAUSE (o)	Broncho	pneum	onia, ri	ight lu	ng		5	days		
	412	9		AS A CONSEQUENCE OF	F								
	anditions, if ony		(b)	Arterio	scler	otic car	rdiovas	cular	disease	Y	ears		
st	toting the under		DUE TO, OR A	AS A CONSEQUENCE OF	F								
1	7 1 1 1		TIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED	TO THE TERMINA	AL DISEASE ORCO	ONDITION GIVI	EN IN PART 1(a)				
CERTIFICATION	9a. DATE OF OPERA			ICH OPERATION WAS P	ERFORMED	20a. AUT			F YES, WERE FINDIN S OF DEATH?	GS CONSIDERED	IN CERTIFYING		
3	la. ACCIDENT WA OR CONTRIBUTING f either, notify n	CAUSE OF DEATH		Month Doy Yeo	r 19	HOW INJURY OC	CURRED (Enter	nature of inju	ury in Part 1 ar Par	t 2, Item 1B.)			
V lat	21d. INJURY OCCU While Not wh I wark at war	k L		(AT HDME, FARM, STREET, F DEFICE OUILDING, ETC.		LOCATION Stre			y or Town	Caunty	Stote		
2	saw the	deceased ali	e on ctob	ended the decear er 13. (did not) view the	1955	and that in (a), 19 <u>6</u> 6 (y) (aur) apir	6, ta_0 nian death	accurred on the	319 <u>68</u> , e date and h	that (A) (we) las aur and fram the		
2	2b. SIGNATURE	W	tial	eluc 1	D	GREE PHYS.	LJ DI	ED.	STAFF PHYS.	22c. DATE SIGNE 10/13	/68		
. 2	2d. PHYSICIAN'S NAME (Type)	L. V. M	aldve,	M. D.		Deel		d Stat	e Hospita	Maryl al, Sal			
23a. B	URIAL, CREMATIO	N, 23b. DA	TE	23c. NAME OI	CEMETERY	OR CREMATORY		23d. LOCATI	ON (City or Town)	(County)	(State)		
	EWBANT(zeall)	0ct	. 16,19	68 Parson	ns Cen	netery			oury, Wico	1	Maryland		

1968

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Sage should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at VR A15 (1) 30M REV. 1 and maket them are some a Scale of an interest of the last of the last of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 5 1 5 6 CERTIFICATE OF DEATH

15147

Middle 2o. DATE OF DEATH DECEASED-NAME Florence (Type or print) 6. AGE (In years S. DATE OF BIRTH IF UNDER I YEAR lest birthdoy)

WIDOWED X

4. RACEWhite 3. SEX. 1895 70. BIRTHPLACE (State or foreign country) 76. CITIZEN OF WHAT COUNTRY?

9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [

12o. USUAL

Wicomico OCCUPATION (Kind of work done

10. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital General Hospita

Lost

Curco teague YES 130. USUAL RESIDENCE Where deceased lived, if institution: Residence before odmission) STATE VIGURE 13b. COUNTY ACCORDACE North Pain

14. FATHER'S NAME

160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes or unknown) (If yes give war or dates of ser

(If yes give war or dates of service)

15. MOTHER'S MAIDEN NAME First Hudson William L. Elloitt, Chincoteague, Virginia

DAYS

12b. KIND OF BUSINESS OR

2b. HOUS

IF UNDER 24 HRS.

HOURS

Lost

		one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d	PART I. DEATH WAS CAUSED I	EX: (a) Hyperalieurocortices	-
×	4129	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove) rise to immediate couse (0),	un bula aixardas (a)	rolel.
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	
	lost.	(i) #. SC V.V.	
	PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION G	GIVEN IN PART I(o)
Z	4221		

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20o. AUTOPSY? YES [

22e. ADDRESS

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner)

(Enter noture of injury in Part 1 or Port 2, Item 18.)

While Not while of work

AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY

21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED

City or Town

County Stote

(Stote)

22a. I certify that (1) (this hospital) attended the deceased fram 10-13 saw the deceased alive an 10-20 causes stated abave, (1) (we) (did) (did not) view the bady after death.

PHYS.

DIRECTOR

1968, ta

PHYS.

.1968, and that in (my) (our) apinian death accurred an the date and have and fram the

22c. DATE SIGNED -20-68

22d. PHYSICIAN'S NAME (Type)

230. BURIAL CREMATION

BEANY ALCS Decify)

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY
Mechanics (emetery

23d, LOCATION (City or Town)

(hincoteague, (County) Virginia

24. Sungal Director runeral Home, Chincoteague,

VR A15 (4) 30M REV. 1/68

O HOSPITAL OR

Within 24 hours ofter deoth. please remove carbon paper I, and in any event, within 72 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed physicion and complen burial, cremotion, or removol, signed by the attending burial-tronsit permit. Th Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been os the State Dept. of Health prior to be detoched for director, page 3 should shauld be filed with the

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SOUNDER OF eng 27, 1992 - 72 Committee of the Comment Charactering and the Service of your Hayes Land to the state of the state Section Hardwater Constant Chicadongua, Vinciale Juiges Survey rose, (Virontengue, Supilita 1875 e a los

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15143 15157 CERTIFICATE OF DEATH Middle DECEASED-NAME First 2o. DATE OF DEATH 2b. HQUR funeral 1 and 2 er death. (Type or print) S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS HOURS 10-12-0 YRS. 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF 8. MARRIED NEVER MARRIED 19 S WIDOWED DIVORCED [Wicomico ond completely filled remave carbon pop within 7 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Peninsu during most of working life, even if retired.) **INDUSTRY** Salisbury General GOAT 13606 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY CHMITS? 13e. STREET AND NUMBER 13b. COUNTY and in ony 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Last ORD sician 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) UNKNOWN cremotion, or removo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY permit. DUE TO. ØR ASTA CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the hos been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO [YES 🗍 for use Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. State Dept. 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work

requires that the deoth certificate be executed within TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or be detached 3 should by with the S director, should b

after deoth

24 hours

22a. I certify that (I) (this haspital) attended the deceased from 1824, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

ATTENDING

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	22d. PHYSICIAN'S NAME (Type)	VID J.	GILMO	Re.	Medicac	CENTE	R. SALL	sbury.	mo
230	RUPIAL CREMATION	22h DATE	1 2	RE NAME OF CEMETERY OF CO	EMATORY	23d LOCATIO	ON (City or Town)	(County)	(Sto

24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR 1968

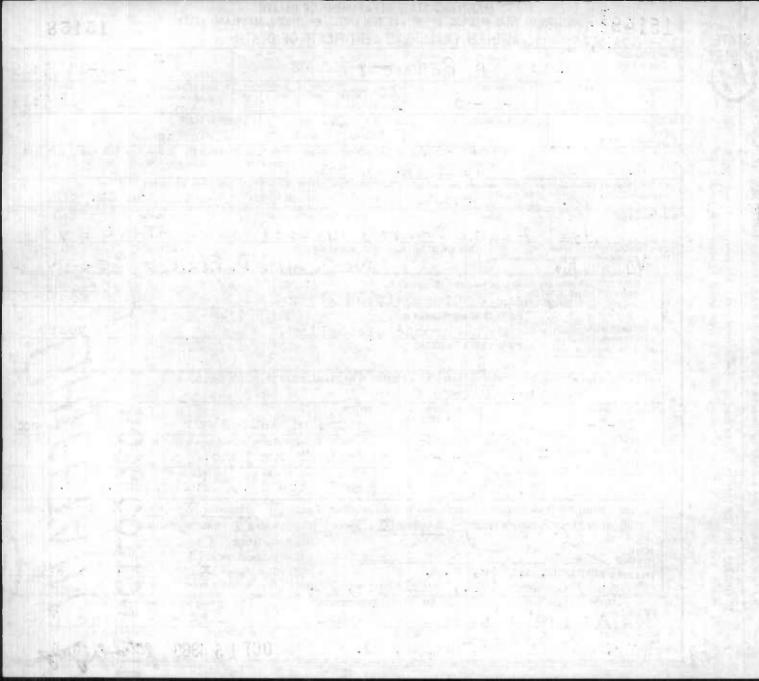
2Sb. RÉGISTRAR'S SIGNATURE

22c. DATE SIGNED

30M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH

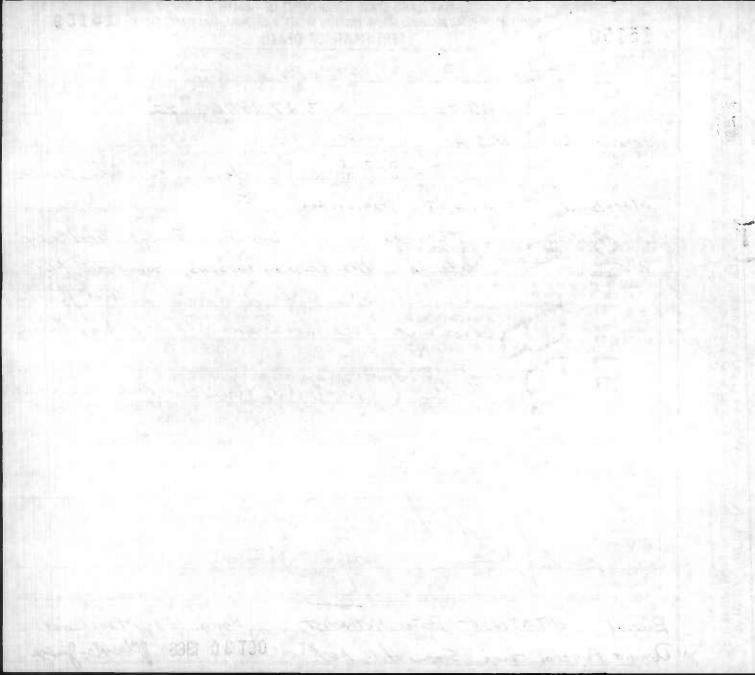


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	First	16	Middle		Last		2o. DATE OF D			2b. HOUR_
(1	Type ar print)	Bert	ha	P	G	1BB	ONS	OCTO	Month R	25 - 1966	6 P. N
3. SI	X		4. RACE		S	DATE OF BI	IRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	BIRTHPLACE (Stote or		CITIZEN OF WHAT	COUNTRY?	8. MARRIED			COUNTY OF D			
coul	Monester	Ca	4.5	1.	WIDOWED		RCED 🗌	1	Wicomico		Me
10. (CITY OR TOWN OF DEA	TH		OF HOSPITAL OR INS					Kind of work dane		BUSINESS OR
	Salisbur	2y	give street		ninsul al Hos		during mos	St of working life	fe, even if retired.) INDUSTRY	home
	USUAL RESIDENCE (W	here deceosed I	ived, if institution:	Residence before	13c. CITY OR TO	TOWN 13d. INSIDE CITY LIMITS? 13e.			ET AND NUMBER		
oam	issian) STATE	nd	136. COUNTY Same	set	Prince	ss Ann	YES NO				
14.	FATHER'S NAME	First	Middle	Last	15. /	MOTHER'S M	AIDEN NAME Fir	rst	Middle		Lost
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160	WAS DECEASED EVER	IN U.S. ARMED		. SOCIAL SECURITY I		ORMANT	-		Address		
	(es, no or onknown)	(it yes give mai of		Huowh	Mr.	s. He	man I	Tarsan.	s Sno	w Hill 1	red.
	1B. CAUSE OF DEAT	iH (Enter anly o	ne cause per line fo	or (a), (b), and (c).	0 1		. 17	, ,		APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
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	4129	7	DUE TO, OR AS-A	CONSEQUENCE OF	0	1	0	112 H		1	1/
	Canditions, if ony, w		(b) Co2	onary	e line	en io	sclere	2000		400 2	work
	rise to immediate a stating the underly		DUE TO, OR AS A								
	last.)	(c)								
	PART 2. OTHER-SIGN	IIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	HE TERMINA	L DISEASE OR CO	ONDITION GIVEN	0 ''		
z	4200CU	nal	World	orlin	. 12	rob.	Kloh	bron (chagen	- parce	mona
ATIO	19a. DATE OF OPERATI	ION 19b. CO	DITION FOR WHICH (OPERATION WAS PE	RFORMED	20a. AUTO	PSY?			CONSIDERED IN CE	RTIFYING
CERTIFICATION						YES 🗌	NO X	CAUSES	OF DEATH?		
	210. ACCIDENT WAS		21b. TIME OF INJ		21c. HOW	INJURY OC	CURRED (Enter	noture of injury	in Port 1 or Part 2	2, Item 18.)	
MEDICAL	OR CONTRIBUTING [ionth Day Year							
ME	21d. INJURY OCCUR	RED 21e. PLA	CE OF INITIRY CATE	OME, FARM, STREET, FAC CE BUILDING, ETC.	TORY,) 21f. LOCA	ATION Stree	et or R.F.D. No.	City o	r Town	County	State
	While Nat while					. /	-1		. 61	10	
	22a. I certify th	nat (I) (this h	aspital) attend	ed the decease	ed from	10//	190	0 , ta	10/23/11	9 <u>60</u> , that	(I) (we) las
	22a. I certify the saw the decauses stot	ceased alive	00	1/2/1	9 6 and	that in (m	(out) opin	nian death oc	curred on the	date and hour o	and fram the
	22b. SIGNATURE	ed above, (I) (we) (did) (did	Phot) view the	bady after de	atn.		11701			
	ZZD. SIGNATURE	1	115		DEGREE	ATTENDI			STAFF	c. DATE SIGNED	
	22d. PHYSICIAN'S	-7.x			DEGREE	PHYS.		RECTOR \square	PHYS.		
	NAME (Type)					226. ADL	/KL33				
23.0	BURIAL, CREMATION,	23b. DATE		23¢ NAME OF	CEMETERY OR C	A COURT OF V		23d LOCATION	(City or Town)	(County)	(State)
230.	BEMOVAL (Specify)	12.7	171010	_	Metho		4			. ,	, ,
24	FUNERAL DIRECTOR	VCI.	-1,1448	ADDRESS	riein	11151	2So. REC'D BY	REGISTRAR	2Sb. REGISTRAF	43-4/2M	d
1	Bun's F		4	C	11.11	red	DATE OC			lianta a	udal

by the funeral executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers in pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 22 bears after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1.88



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs.

VR A15 (4) 30M REV. 1/68 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15160

15151

CERTIFICATE OF DEATH

70. BIRTHPLACE (State or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED VICOMITY OF DEATH WIDOWED DIVORCED WICOMICO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 8. MARRIED NEVER MARRIED NO INVOCATION (Kind of work done during most of working life, even if retired.) 8. MARRIED NO INVOCATION (Kind of work done during most of working life, even if retired.) 8. MARRIED NO INVOCATION (Kind of work done during most of working life, even if retired.) 120. LIVIN INDUSTR 131. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 132. CITY OR TOWN 133. MINIDE CITY LIMITS? 133. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 134. COUNTY OF DEATH 155. KINI INDUSTR 156. COUNTY OF DEATH 157. KINI INDUSTR 158. STREET AND NUMBER 158. STREET AND NUMBER 159. STREET AND NUMBER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 165. SOCIAL SECURITY NO. 176. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 171. INFORMANT 172. INFORMANT 173. INFORMANT 174. INFORMANT 175. INFORMANT 176. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 171. INFORMANT 172. INFORMANT 173. INFORMANT 174. INFORMANT 175. INFORMANT 176. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 171. INFORMANT 172. INFORMANT 173. INFORMANT 174. INFORMANT 175. INFORMANT 176. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT 179. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 170. INFORMANT 171. INFORMANT 172. INFORMANT 173. INFORMANT 174. INFORMANT 175. INFORMANT 176. INFORMANT 177. INFORMANT 178. INFORMANT 179. INFORMANT	AR IF UNDER 24 NES. AYS NOURS MIN. MG O OF BUSINESS OR Y Lost Lem
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190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED	
	IN CERTIFYING
YES NO CAUSES OF DEATH?	
21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
(If either, notify medical exominer) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY), 21f. LOCATION Street or R.F.D. No. City or Town County	State
While Not while OFFICE BUILDING, ETC.	3,0,0
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22a. I certify that (1) (this hospital) ottended the deceased from 19 and that in (my) (aur) opinion death occurred on the date and ha	our and from the
saw the deceased alive on19, and that in (my) (aur) opinion death occurred on the date and ho causes stated above, (1) (we) (and) (dig not) view the body ofter death.	
22b. SIGNATORE 22c. DATE SIGNE	
DEGREE PHYS. DIRECTOR PHYS.	
22d. PHYSICIAN'S NAME (Type) DAVID J. GILMORE MEDICAL CENTER; SALS bury	
30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	md
BENOVAL CREMATION, 10/13/69 John Wesley Princess Anne, Me	, md.
24. FUNERAL DIRECTOR William H. James Jr. Princess Anne Mo 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE William H. James Jr. Princess Anne Mo 250. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE William H. James Jr. Princess Anne Mo	(State)

Min at an article to the state of the state Back 1 1 TOU

1		MARYLAND STATE DEPARTMENT OF HEALTH	
	1	15152 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15161
HEALTH DEPT			Doγ Yeor 2b. HOUR
oy is 3 to Poge	,	Type or Print) Lula Virginia Je/73 DEATH MATED 10	15 1868 1
	3. SI	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years / IF UNDER 1 YEAR / IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d. HOUR
PM3.		emale White 10-19-1879 88 yrs.	Yeor 1968 7 9 A
2 0	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ofter deoth 8. Give Pages clong with far with the Stote	10. 0	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 11)	2b. KIND OF BUSINESS OR
de ye b		Salisbury Peninsula General Hosp. Housewite	IDO21K1
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24 hours in Item 11 so Office so Office so Office so Office so of	14. F	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
		Thomas Ward Elizabeth Ro	binson
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		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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is certificate, writing forword a center of the center of	CATIO	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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CAMINER: te the certifie 4 should your files. oge 3 should cremation,	MEDICAL	CAUSE OFFICIAL CAUSE OFFICIAL CAUSE OFFICIAL ACCIDENT	
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DEPUTY SICAL EXAM ressory, please execute the funeral director. Poge 4 way be retained for your FUNERAL DIRECTOR. Poge		AT WORK AT WORK OF 13 + 136 VO COMORE City	Workerty Me
ICAL E executor. Posed for CTOR: I buriol,		22a. I certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🗷, Inquiry 🔯,	and in my apinia
tor.		death resulted fram: Natural causes 🔲, Accident 📈, Suicide 🔲, Hamicide 🔲, Undetermined manner 🕻	
please I direct retainer DIREC		CHIEF MEDICAL EXAMINER	
TY. ple y, ple di		SIGNATURE Teles Control of M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
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		Burial 10-18-1968 First Baptist Pocomoke City-W	
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VR A15ME (5)			elas Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

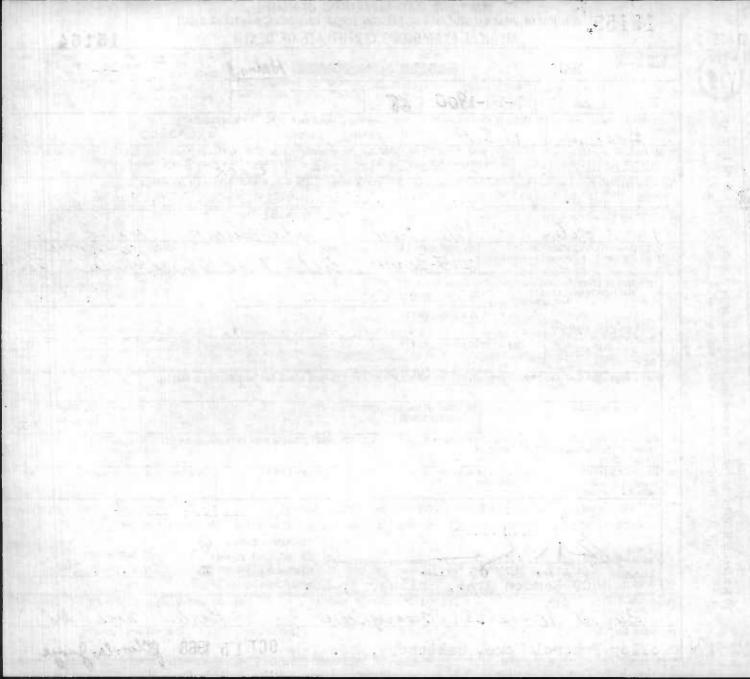
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	CEASED-NAME First	T1 -	Middle		Last		2a. DATE O	DEATH	Davi	,	V	2b. I	HOUR
(1)	ype or print) Emma	Floren	ice		Gregor	У	10	Month	21 Day	196	0	9	A.M
3. SE)		4. RACE			S. DATE OF B	4		6. AGE (In you		IF UNDER	DAYS	IF UNDER	24 HRS.
	Female	WI	hite		2/2	5/1878		90	YRS.	MONTHS	PALI	HOURS	min.
7a. B		b. CITIZEN OF WHA	T COUNTRY?	8. MARRIEL	NEVER MA	RRIED	9. COUNTY OF						
COOII	Md.	USA	SA MINST	WIDOWE	DIVO	RCED 🗌		Wicomi	CO				Md
10. CI	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (If	nat in haspital		AL OCCUPATION			12b. I		BUSINESS	OR
	Salisbury	De	er's Head	d Stat	te Hosp	ital	orty of working	ule		INDU	SIKI		
130.	USUAL RESIDENCE (Where deceased	lived, if institution	n: Residence befare	13c. CITY (OR TOWN	13d. INSIDE CITY LI		TREET AND NUA	MBER				
duittis	ssion) STATE Maryland	136. COUNTY	Lbot	Eas	ton	YES NO	اعلا						
14. F	ATHER'S NAME First	Middle	Lost		1S. MOTHER'S M	IAIDEN NAME F	irst	M	Middle		00	Lost	
	Richard Edward	d Greave	8		Alve	erta Ma	ircellu	s Hand	u	44			
16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 1	16b. SOCIAL SECURITY N	NO. 17	INFORMANT Albert	5 0.		C , Ac	doress	, 0	TO		
-	7805/47		unkn.	,	went	C. yre	gory,	caston	, 1110	L. K			
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line	for (a), (b), and (c).)						. e		MATE INTER	
		E CAUSE (a)	Bronchon	oneum	nia						3 da	ays	
	4/20	CHUR TOXOR AS	A CONSEQUENCE OF									- 2	
	Canditians, if any, which gove nise to immediate cause (o),	(b)	Hyperter	asive	arteri	osclero	tic ca	rdiovas	scul	27	Year	rs	
	stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF					dis	seas	3			
	lost. 443 X	(c)											
	PART 2. OTHER SIGNIFICANT COND												
NO	Status post an	nputation	n right lo	ower e	extremi	ty; cer	ebral	thrombo	osis				(1)
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH	H OPERATION WAS PE	RFORMED	20a. AUT		CALIER	F YES, WERE FIT S OF DEATH?	NDINGS C	ONSIDERI	ED IN CE	RTIFYING	3
RTIF					YES [
	21 d. ACCIDENT WAS UNDERLYING	210. 111112 01 1	Manth Dov Year	21c.	HOW INJURY OC	CURRED (Enter	r noture of inju	ry in Part 1 or	r Port 2,	Item 18.)	1		
MEDICAL	(If either, natify medical examine	r) P.M.	19				10.12			1 11			
	21d. INJURY OCCURRED 21e. Pl	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Stre	et ar R.F.D. No.	. City	or Town		Count	у	S	itate
	While Nat while at wark				B 22.00	76 106			10	/ 8	-11		
	22a. I certify that:(this saw the deceased alignment)	hospital) atten	oded the decease	ed tram_	nd that in (n	20, 190	10_1 inion dooth	JCT 21	L_, 19_	00_	, that	ADD (M	e) las
	causes states above,	(I) (yest (did) (x	id not) view the	bady ofte	r death.	ià) terrerà obi	illion deoill	occorred an	i ille qu	Te ona	11001	טוומ וויט)III III
	22b. SIGNATURE	1. n.	1 1	7		110	AFD.	67.455	22c.	DATE SIG	NED		
	N	Mall	un (1	DE DE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS. 5]	10/2	1/68	3	
	22d. PHYSICIAN'S				22e. AD		1100					21	801
,	NAME (Type) L. V.	Maldve,	M. D.		Deer	's Hea	d State	e Hospi	tal	Sa	lis	oury	Md
23 a.	BURNESEMATION, 236. DA	1/23/1968	3 Sprin	CEMETERY O	R CREMATORY			ON (City or Tox		(Coun	ty)	(State	1)
	REMOVAL (Specify) 70	123/1900		0	1		Casi						
24.	FUNERAL DIRECTOR & AICH	MIAM & CI	W. Easto	M	1 12	250 REC'D B	Y, REGISTRAS	38 25b. / REE	SISTRARIS	SIGNAT	RE		- 0
	MINION C. ICM	Will a St	ir, Casto	n, Illa	-0	DATE	~	"		"			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/8

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the funeral iges 1 and 2 s after death. 7a. BIRTHPLACE (State or fareign county irginia 10. CITY OR TOWN OF DEATH Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN odmission as I land and in any 14. FATHER'S NAME and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) or remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) crematian, Conditions, if ony, which gave) burial-transit rise ta immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been be retained by the hospital or attending 19a. DATE OF OPERATION of far use of Health p NO 🗌 YES 🔲 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive on 12-19 , and that in (my) (our) opinion death accurred on the date and hour and from the shauld couses stoted oboye, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S Medical Center, Salisbury, Md. NAME (Type David Gilmore J. directar, 23c. NAME OF CEMETERY OF CHEMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION Porterville Methodist
ADDRESS 2Sa. REC'D BY REGI 10-14-1968 hodist Stockton-Wor - M 250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1968 Pocomoke City, Md

be executed within 24 hours after death

requires that the death certificater

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15157 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regions across papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retoined by the hospital or attending physician.

VR A15 (4) 30M REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15166

10	101		C	ERTIFI	CATE OF	DEATH			365	0100		
1. DECEASED-NA (Type or prin			Middle C .	HA	Lost RRISON			ATE OF DEATH Month October	9 Doy	1968	2:1	HOUR
3. SEX Fema	le	4. RACE Colore	ed		S. DATE OF B	ER 15.	189	6. AGE (In year lost birthdoy)		IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.
	(State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	WIDOWE	NEVER MAI			WICOMICO				M
10. CITY OR TO	WN OF DEATH LSbury IDENCE (Where decease	give stre	of Hospital or Inst	State	Hospit		nost of w	PATION (Kind of work orking life, even if reti	red.)	12b. KIND OF INDUSTRY	BUSINESS	OR
odmissian) ST Mar	ATE yland	M3b. county Dorche		Vie		YES NSIDE CITY		13e. STREET AND NUMB	EK			
14. FATHER'S NA	DAVID	Middle	Last PINKETT		IS. MOTHER'S M		First HULD	Mid-	dle	J0	Last NES	
Yes, no of u	ASED EVER IN U.S. ARME nknawn) (If yes give war	or dates of consisa)	b. SOCIAL SECURITY NO 16-03-418		INFORMANT NELSO	N CREI	GHTOI	Addr VIEN	ess NA,	MD.		
1B. CAUS PART	E OF DEATH (Enter anly I. DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (o)1	far (a), (b), and (c).) Pulmonary A CONSEQUENCE OF	embo	lus					BETWEEN C	mate intervonset and d min	DEATH
rise to im stating th last.	s, if ony, which gave mediote couse (a), the underlying cause	DUE TO, OR AS A	A CONSEQUENCE OF					dise		Ye	ars	
R	ecurrent co	erebral t			20a. AUTO	OPSY?		20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS COM	NSIDERED IN C	ERTIFYIN(G
₹ □ OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH notify medical examine	HOUR A.M.	JURY Month Day Yeor	21c.	-		ter nature	af injury in Part 1 ar P	art 2, Ite	em 18.)		
While at work	RY OCCURRED 21e. F	PLACE OF INJURY (AT	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.					City or Tawn		Caunty		State
22a. l c	ertify that (M (this w the feceased pli uses stated above,	haspital) attend ve an Octob (1) (we) (did) (di	ded the deceased ber 9 19 dans View the b	from_ 68, a ady afte	July 9 nd that in (* r death.	, 19_ (aur) ar	<u>60</u> , 1 pinian d	eath accurred an t	_, 19 <u>.</u> 5 he date	e and haur	(wand fra	re) la: am th
22b. SIGN/	W.L	hale	lus la	DOE	GREE PHYS.		MED. DIRECTOR	STAFF PHYS.	22c. DA	ATE SIGNED 0/9/68 Moly	vla r	nd-
	E(Type) L. V.	Maldve,				r's He		tate Hospi	tal,	Salis	bury	7,
23a. BURIAL, CI	(Specify)	O/12/68	23c. NAME OF C		R CREMATORY		C	LOCATION (City or Town	I	(County)	(State	*)
24. FUNERAL D	RECTOR CO	Heis	ST. CLATE CAMBRID	R FUN	ERAL H.	2Sa. REC'D				res o	edge	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15158 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle lost 20. DATE OF DEATH ond 2 death. within 24 hours after death. funeral 1 ond (Type or print) CLARENCE FRANKLIN HARTMAN A RACE 3 SEX S DATE OF RIRTH 6. AGE (In years lost birthdoy) Male 1899 White Sept. 6. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED "VI rginia U.S.A. Wicomico DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Peninsula 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) Farmer Salisbury General Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) SIATE Mary Land Somerset R.F.D. YES [NO X Mestover anv 14 FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First John .= Ewing Hartman Salome Catherine requires that the death certificate be please pup 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 217-36-0655 Mrs Miriam Hartman, Westover, Md. Yes, no or unknown) (If yes give war or dates of service) removo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN-PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The low 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year 10 (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while ot work ot work 27,19 60, to 10-1965, and that in (my) (our) opinion death accurred an the date and hour and fram the sow the deceased alive an_ be retained couses stoted obove, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE STAFF PHYS. DEGREE DIRECTOR director, page should be filed PHYS.

Wilbur R. Ellis, Jr.,

23c. NAME OF CEMETERY OF CEMETERY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) 11-2-1968 Quinton Cemetery Pocomoke City-Som. -Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV Pocomoke City, Md.

M.D

22e. ADDRESS

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DAYS

12b. KIND OF BUSINESS OR

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BETWEEN ONSET AND DEATH

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Stote

IF LINDER 1 YEAR

INDUSTRY

County

22c. DATE SIGNED

Medical Center, Salisbury

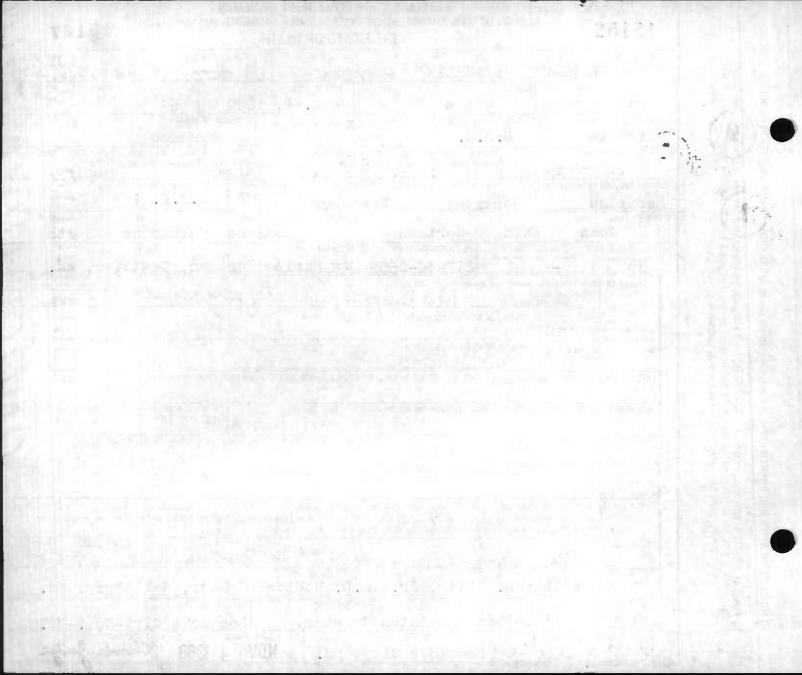
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2b. HOUR A

DIDOM

22d. PHYSICIAN'S NAME (Type)

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	101	06			(ERTIF	ICATE OF	DEATH				1910	8
	(Type ar print		First EMA		Middle LEE		Lost HAUGER		2a. DATE O	Manth	Day	1968	2b. HOUR 5:50P
3.	. SEX			4. RACE			S. DATE OF			6. AGE (In ve	ors	IF UNDER 1 YEAR	IE UNGER 24 HRS. HOURS MIN
	Female			White				20, 188	37	last birthday	YRS.	OHINS DATS	HOURS MIN
	a. BIRTHPLACE (State ar fareign	7b	. CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MA	ARRIED 9	. COUNTY O	F DEATH			
L	De	aware		USA		WIDOW		ORCED X	WICOMI	CO			Me
	Salisb	ıry		Dee	ME OF HOSPITAL OR INStreet address)	State	Hospit	12a. USUAL during mos Lal	occupation of working oorer	(Kind af wark glife, even if re	dane tired.)	12b. KIND OF EINDUSTRY Cannir	BUSINESS OR
13	Bo. USUAL RESIL	ENCE (Where d	leceased	lived, if instituti	an: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY LIM YES NO	ITS? 13e. S	Camder	BER		
1	4. FATHER'S NA/	AE First		Middle	Last		1S. MOTHER'S	MAIDEN NAME Fir			ddle		Last
1		Willi	am	Р.	Smith		2000	Mary	A1	ice		Willia	ams
ī	6a. WAS DECEA: Yes, na, ar unl	SED EVER IN U.S	. ARMED s give war or	FORCES? dates of service)	16b. SOCIAL SECURITY N			(Daughte		Add	Iress 84	Camde	AVE t
F		10			222-14-84	+39A	Mrs. No	orma A. \	Wright	, Salis	bury	, Mary	land
	1B. CAUSE	OF DEATH (Ent	er anly a	ne cause per lin	e for (a), (b), and (c).)							APPROXIM BETWEEN ON	IATE INTERVAL
ı	PARI	. DEATH WAS C	WEDIATE	CAUSE (a) _B:	ronchopneu	moni	a					24 h	ours
	stating the last. PART 2. OT		use	DUE TO, OR A	Carcinoma S A CONSEQUENCE OF							Mont	
10000000	7	OPERATION	19b. CON	DITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AU1			F YES, WERE FINI S OF DEATH?	DINGS CON	ISIDERED IN CE	RTIFYING
	S OR CONTRI	NT WAS UNDE BUTING CAUSE (atify medical e	OF CEATH		INJURY Manth Day Year	21c.	HOW INJURY O	CCURRED (Enter of	nature of inju	ory in Part 1 ar	Part 2, Ite	m 1B.)	
1	While at wark	at wark			AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					ar Tawn		County	State
	22a. I ce saw caus	rtify that () the decease ses stated a	this hed alive bave,	naspital) atte an Octo) (we) (did) (nded the decease ber 25 1'	d_fram_ 068, a oady afte	August and that in K er death.	19 , 19 <u>68</u> XX(aur) apin	ian death	tober 2	5, 19 <u>60</u> the date	and haur a	(K (we) las
	22b. SIGNAT	URE 9	n	the	11	DE	GREE PHYS.	ING MEI	D. ECTOR	STAFF PHYS.	22c. DA	TE SIGNED /28/68	
	22d. PHYSIC NAME	IAN'S Type) A	c. M	itchell	, M. D.		Dee	r's Head	Stat	e Hospi	tal,	Maryl	
23	BO. BURIAL, CRE	16.3	23b. DATE	29,196	23c. NAME OF C				23d. LOCATI	ON (City or Town	comi	(County) co,Mary	(State) y land
	4. FUNERAL DIR	ECTOR			ADDRESS			25g RFC'D BY	DECICTOAD	OCH DECH	TDAD'C CI	CALATUDE	

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

OCT 29

1968

be executed within 24 hours after and campletely filled in by the

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ca

Page 4 may be retained by the hospital ar ottending physicion.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along

Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death. 5 may be retained far your files.

This certificate should be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

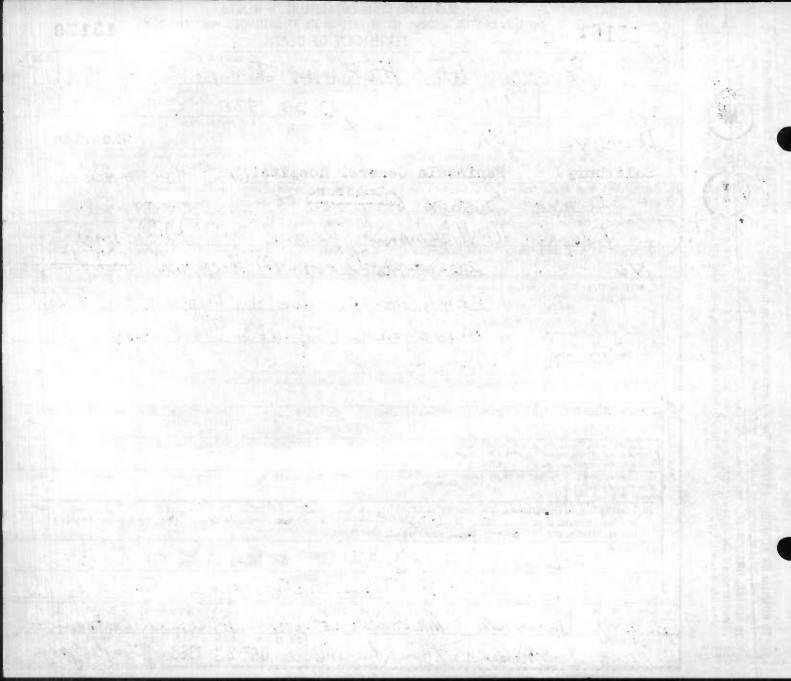
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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LUL	n u	MEDICAL	EXAMINER'S	S CERTIFICATE	OF DEATH	12 40 5		0100	
1. DECEASED-NAME	First		Middle	Last		2a. DATE KNOWN	Month .	Day Yeor	2b. HOUR
(Type or Print)	Ed	ward		Havn	AS	OF ESTI- DEATH MATED	70-	-28-618	6:05
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In	yours IF UNDER I TEAR	IF UNDER 24 HRS.	2c. DATE PRONOUP		20-00	2d. HOUR
M	C	2-15-94	lost birth	day) MONTHS DAYS YRS.	HOURS MIN.	Month	Doy 28-	Yeor 1968	6.145
O. BIRTHPLACE (SI	tote or foreign 7	b. CITIZEN OF WHAT COU		MARRIED NEVER MA	ARRIED 9. CO	OUNTY OF DEATH		0.0	10-45
duntry bson	, mies	Ila G. A.		WIDOWED DIV	ORCED 🔲	Wicom	100		Md.
O. CITY OR TOWN				TUTION (If nat in hospita		CUPATION (Kind of	wark dane	12b. KIND OF BUSE	
Sol Sol	isbury	give street a		ke St.	during most	of working life, ever	if retired.)	INDUSTRY	2
		ed lived, if institution: R			3d. INSIDE CITY LIMITS?	13e. STREET AND N			
admission) STA		13b. COUNTY			YES NO	1171 T.	1== 0+		
14. FATIMER'S NAME	First	/ Middle	comico	Saliabury	IDEN NAME First		Middle	Lost	
Laur	,	10/1	es	11/1	1		madic	1031	
	EVER IN U.S. ARMED F		OCIAL SECURITY NO.	17. INFORMAND	-/1	a ADI	ORESS		
(Yes, na, or unkn		var or dates of service)	3-17 987	7 July	20. /1	evera			
T		V 40.0.	20/10/	6 00.	70	~yxu		T APPROXIMATE	INTERVAL
	OF DEATH (Enter anly . DEATH WAS CAUSED	y one cause per line far (BY:	(a), (b), and (c).)					BETWEEN ONSET	AND DEATH
1111	IMMEDIA'	TE CAUSE (a)CC		occlusion	1			Sudde	n
Canditions	f ony, which gove	DUE TO, OR AS A C							
	ediate cause (a),	(b) AA	rterio-	sclerotic	cardio	vascula	r dise	ase Ye	ars
	underlying cause	DUR TO AS A							
last.	,			ve heart				Mon	nths
PART 2. OTHE	R SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDITI	ION GIVEN IN PART 1	(0)		
3 4201					9) 23 (-)				
190. DATE OF	- OPERATION		ONDITION FOR WHICH	H OPERATION	ASSET T			20. AUTOPSY	
190. DATE OF								YES	NO T
	AL CAUSE WAS OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M.	Month, Day, Year	21c. HOW INJURY O	CCURRED (Enter not	ture of injury in Part	1 or Port 2, Ite	em 1B.)	
CAUSE OF DE		P.M.	19				0.9473		
- LIG. 1130K1		LACE OF INJURY (At home		21f. LOCATION Street	or R.F.D. No.	City ar Town	CLEVILL.	County	Stote
AT WORK	AT WORK	dry, drinte boliding, etc.)							
220.	I certify that I to	ook chorge of the ren	noins described o	bove held on Auto	opsy 🗀 Ir	rspection ,	Inquiry 🟋	ond in my	v opinion
	resulted free?	Notural couses			Homicide	Undetermine			,
	L -	5			IEF MEDICAL EXAMIN	,	a monitor [
ACTUAL	16m	1	2	460	SISTANT MEDICAL EXAMIN		22b. DATE S	IGNED	
SIGNATURE		Domes	AA D	TILU.	PUTY MEDICAL EXAM	manufa .		0-30-68	
EXAMINER' NAME (Typ		Royer,		AD.	DRESS(Street, city, t	lawn, or caunty)			
260 BURIAL CREA	1109 6	omden Ave		ETERY OR CREMATORY		d. LOCATION (City for	Tawn)	(County) (St	tate)
REMOVAL (SE	ecity //-	3-68	30	een Cem		urmont	NIA		010)
24. FLINERAL DIRE	CTOR		ADDRESS		2So. REC'D BY RI		REGISTRAR'S S	IGNATURE	
Kan	e m	11/11			NO.			· · · · · ·	

93121 A STATE OF THE PARTY OF THE PAR A prodell calconing I am all Parant franchi Astronauthero piùpretra-otrolar dend jest e Hojor, deto.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15170 15161 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH funeral and 2 er death. 1. DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS 3. SEX lost bighday) MONTHS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico DIVORCED [WIDOWFD filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hospital most of working life even if retired Salisbury General SIMI)ON OPERATOR Completely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE COUNT Dagsboro .Del. 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost and in an physician and EARI 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no or unknown) (If yes give war or dates of service) or remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. AMAG days IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) 40 CARDI burial-transit rise to immediate couse (a). by DUE TO, OR AS A CONSEQUENCE, OF stoting the underlying couse signed t burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital or attending as the has been priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO IV YES [far use Health O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. be detached AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from OCT 8, 1968, ta OCT 12, 1968, that (I) (***) last saw the deceased alive an OCT 12, 1968, and that in (my) (***) apinian death accurred an the date and haur and from the shauld causes stated abave, (1) (wee) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS. director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

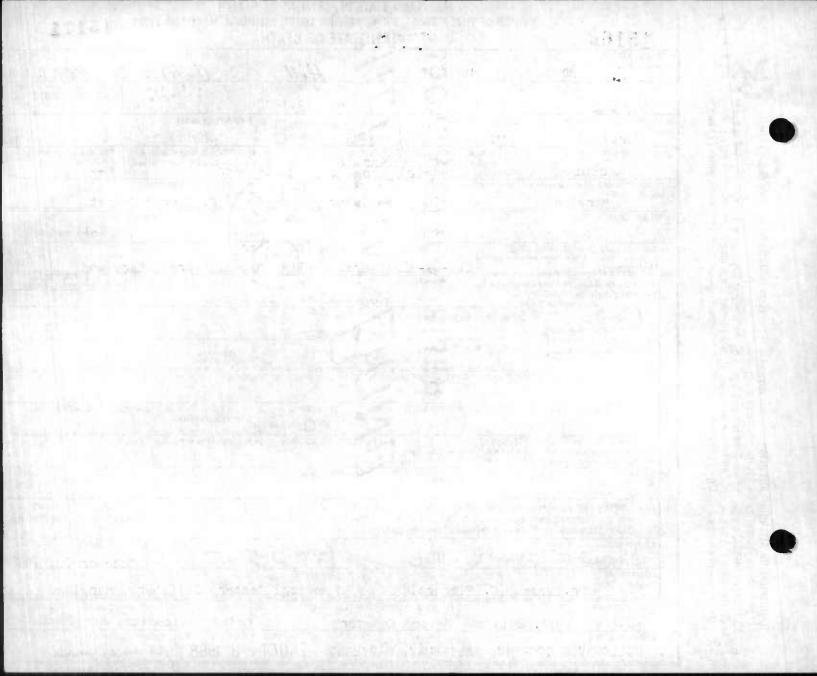
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15171

	19108		CEKTIFICA	IE UF DEATH			
	DECEASED-NAME First	Middle		Lost	2o. DATE OF DEATH		2b. HOUR
	(Type or print) JOHN	PURNELL		Hill		20 Yeo 796	82 P.M
3. 9	SEX On	4. RACE	\$.	DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
	MALE	White	J	uly 19,1900	last birthday) YRS	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
car	Maryland	USA	WIDOWED X		Wicomico		Md
10.	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OF give street oddress)	RINSTITUTION (If not i Peninsul al Hospi	a during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)		BUSINESS OR
130	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence befo	ore 13c. CITY OR TO	OWN 13d. INSIDE CITY L			
odr	nission) STATE Maryland	13b. COUNTY Wicomico	Salisb	ury YES N	O□ E. Church S	treet	-100
	FATHER'S NAME First	Middle Las	t 15. A	MOTHER'S MAIDEN NAME I			Last
	George	Hi 11		М	ary	Holla:	nda)
16	. WAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECUR	ITY NO. 17. INFO	ORMANT (Daught	er) Address		
	Yes, na, ar unknown) (If yes give w	219-07-6	5221 Mrs	. Pauline O	akes, Laurel, Ma	ryland	
	18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	y ane cause per line far (a), (b), ond) BY:			0.0:	APPROXIM	AATE INTERVAL NSET AND DEATH
1	490 × IMMEDIA	TE CAUSE (a)	broker	rawy as	Lauris		
	Conditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE	OF PALL O				
	rise to immediate couse (o),	(b)	Compa	war.			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	RAIN	lutio de	allini		
	_	(c)	T NOT PELATED TO T	HE TERMINAL DISEASE OR	CONDITION CIVEN IN PART 1/al	1	
	LOOO	DITIONS CONTRIBUTING TO DEATH DO	I NOI KELAIED IO I	III TERMINAL DISEASE OR	COMPINENT GIVEN IN TAKE 1(0)		
NO	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
CFRTIFICATION	The Date of Orekanon	COMPTION TOR WHICH OF ERRITOR WA	J LKI OKINED	YES NO TE	CALISES OF DEATHS		
EBE	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c HOW		er nature of injury in Port 1 or Port 2) Item 181	
		H HOUR A.M. Month Doy Y	ear	MOOK! OCCORNED (EMO	a nature of injury in fort 1 of fort 2	,	
MFDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET	T. FACTORY, V. 214 LOCA	TION Street or P.F.D. No.	o. City or Town	County	State
	While Nat while 1	OFFICE BUILDING, ETC.	211. 200	mon jileer of K.I.D. no	city of fown	coomy	31010
	at work of wark	is hespital) attended the dece	acad fram 16	0-0-68 10	tn /0-20 1	9 6 F that	(1) (mg) lac
	saw the deceased a	live an 10-20 -G	2719, and t	hat in (my) (our) ap	inian death accurred an the c	date and haur c	and fram the
	causes stated abave	e, (I) (we) (did) (did no t) view t	he bady after de	ath.			
	22b. SIGNATURE	-4. 00 M		ATTENDING - 1	MED. STAFF 220	c. DATE SIGNED	
	Avorb (. F	Derry III.). DEGREE	PHYS.	DIRECTOR PHYS.	ctober 2	0, 1968
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS	0.11.1		
	ur. J	oseph C. Fitgera			enter, Salisbury		
230	BURIAL, CREMATION, 23b. I REMOVAL (Specify)		OF CEMETERY OR CR		23d. LOCATION (City or Town)		(State)
	Burial 10c1		on Cemeter		Delmar, Wicomic		and
24	FUNERAL DIRECTOR	ADDR			BY REGISTRAR 2Sb. REGISTRAR		
	HULLUWAY & C	OMPANY, SALISBUR	T, MAKYLA	DATE ()	2 0 1300 KC	was young	S.C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the hadral director, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Pages 1 ond 2 should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours ofter death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed Page 4 may be retained by the hospital or attending physicion.



C. Mitchell, M. D.

DIVISION OF VITAL

		DIVICION		D STATE DEPART				
	15163	BIAISIO		CERTIFICATE OF		MORE, MARYLAND 21201	1517	2
	ECEASED-NAME Type or print)	First	Middle	Last		2a. DATE OF DEATH Manth Day	Year	2b. HOUR
,	. I	CURITH	E.	HORSEMAN		October 5	1968	7:45
3. SI	Female	4. RACE	Thite	S. DATE OF	21/19	6. AGE (In years lost hirthday)		HOURS MIN.
	BIRTHPLACE-(State or foreig	n 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER MA	RRIED	9. COUNTY OF DEATH		
COU	ntry) U.J.	V	, 51		ORCED 🔲	WICOMICO		Me
	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INS give street oddress)		during ma	L OCCUPATION (Kind of wark done st af warking life, even if retired.)	12b. KIND OF BU	JSINESS OR
130.	Salisbury USUAL RESIDENCE (Where dission) STATE Mary	1124 (0)	Deer's Head nstitution: Residence before NTY Wicomico	13c. CITY OR TOWN Bivalve	13d. INSIDE CITY LIA YES NO	The street the trotteet		
	FATHERS NAME First	e C	Horsma	n Ja	MAIDEN NAME FI	rst Middle	ZINWYI	g ht
	. WAS DEGEASED EVER (N. U. Yes, n. (. adunknown)	S. ARMED FORCES? es give war or dates of ser	16b. SOCIAL SECURITY I	10 11	518 F	Your In In Osu	2/18/	Mb.
			per line for (o), (b), ond (c).)			APPROXIMA BETWEEN ONSI	
	PART I. DEATH WAS	MEDIATE CAUSE (a	Bronchopn	eumonia			3 Day	78
26	Canditions, if ony, which		, OR AS A CONSEQUENCE OF				2 35	43
	rise to immediate cause	(a),(Comatose				3 Mon	itns
	stating the underlying c lost.	ause DUE 10	OR AS A CONSEQUENCE OF Cerebral	Thrombosis				
	PART 2. OTHER SIGNIFICAN	NT CONDITIONS COI	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE ORC	ONDITION GIVEN IN PART 1(a)		
ATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED 20o. AU	OPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING

ysiciàn and cómpletely filled in by please remave carban papers. II, and in any event, within 72 hou ar remaval, and signed by the attending phy crematian, burial, 3 shauld be detached for use as the with the State Dept. af Health priar to directar, page 3 shauld be detache should be filed with the State Dept.

CERTIFICATION

uted within 24 haurs after death.

be exe

OR ATTENDING PHYSICIAN: The law requires that the death certificat

attending physician.

O FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED While Not while at work

21b. TIME OF INJURY HOUR A.M. Month Day Year P.M 21e. PLACE OF INJURY

AT HOME, FARM, STREET, FACTORY,

21f. LOCATION Street or R.F.D. No.

DEGREE

NO X

CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

19 66

State

(State)

22a. I certify that (4 (this haspital) attended the deceased from 7/16 saw the deceased alive an 10/5 168, and that 19 **60** to and that in (454) (aur) apinian death accurred an the date and have and from the causes stated abaveXXX (we) (did) (didXXX) view the bady after death 22c. DATE SIGNED ATTENDING

City or Town

PHYS 22e. ADDRESS

YES 🔲

MED. DIRECTOR

STAFF PHYS.

23d (CATION (City or Town)

10/7/68

County

Deer's Head State Hospital, Salisbury, Md.

230.	REMOVAL (Specify)
24.	FUNERAL DIRECTOR

22d. PHYSICIAN'S

NAME (Type)

saw the deceased alive an 10/5

NAME OF CEMETERY OR CREMATORY

ADDRESS

em.

2Sa. REC'D BY REGISTRAR 1968

(County) 2Sb. REOTSTRAR'S SIGNATURE

A STATE OF THE PARTY OF the section of the se LAPRED DE SO THE REPORT OF THE PARTY OF MANAGER EXPERIENCE AND MANAGER TO THE REAL PROPERTY AND P delignation for the contract of the street

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15173 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR funeral 1 ond 2 er death. (Type or print) IF UNDER 1 YEAR DATE OF BIRTH 6. AGE (In years last birthday 7b. CITIZEN OF WHAT POUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Wicomico WIDOWED TO DIVORCED [ARXLAND 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR General Hospiegat of working life even if retired.) **INDUSTRY** Salisbury LOPTERMON remove carbor 13e. STREET AND NUMBER burial, cremotion, or removol, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LUMITS? 13b. COUNTY OAD Middle Lost 15. MOTHER'S MAIDEN NAME First Middle ottending physicion ond permit. Then pleose rem TOHN 6HES 16b. SOCIAL SECURITY NO 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) 4NKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditians, if any, which gave: Alke Narula rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) os the prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? NO [YES 🗀 for use Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from... ond that in (my) (our) opinian death occurred on the dote and hour and from the sow the deceased alive an_ pluods causes stated obove, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Nev

234. NAME OF CEMETERY OR CREMATORY
JOHN WOSLEX CEMETERY

25a. REC'D BY REGISTRAR

2Sb.

(Stote)

(County)

REGISTRAR'S SIGNATUR

director, should be 30M REV

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

PEMOVAL (Specify)

24 hours ofter deoth.

low requires that the death certificate be ex

be retoined by the hospitol or ottending

THE RESERVE OF THE PARTY CONTRACTOR OF THE PARTY CONTR Consider the Constant of the Constant VILOUE 182

executed within 24 hours ofter death the ottending physician and completely filled in by the the ottending physician and completely filled in by the Than blease comove carbon papers. Pages buriol, cremation, or removal, and in any event, requires that the death certificate buriol-transit signed by Poge 4 may be retained by the hospital or attending physicion. as the prior to has been for use Health USe O FUNERAL DIRECTOR: After this certificate of detached with the Stote Dept. should be

3. SEX

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15165 CERTIFICATE OF DEATH 1517 DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) RACE 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. OAYS MONTHS HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN, OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED | country) WIDOWED > DIVORCED 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) **INDUSTRY** during most af working life, eyen if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY YES NO [14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 17. INFORMANT 16a. WAS DECLASED EVER IN U.S. ARMED FORCES? Yes, not ar inknown) (If ves give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove ; rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO F

19a. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M.

21d INHIRY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY

While Nat while at work

City or Town

County State

220. I certify that (1) (this hospital) attended the deceased from... saw the deceased olive on_ 1965 and that in (my) feet) opinion death accurred on the date and hour and from the couses stoted above, (I) (we) (did) (did nat) view the body ofter deoth.

22b. SIGNATURE

ATTENDING PHYS. 22e. ADDRESS

DIRECTOR

STAFF PHYS.

LOCATION (City or Town)

22c. DATE SIGNED

(State)

230. BURIAL, CREMATION

FUNERAL DIRECTOR

22d. PHYSICIANS

NAME (Type)

23b. DATE

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968

(County)

VR A15 (4), 30M REV. 136

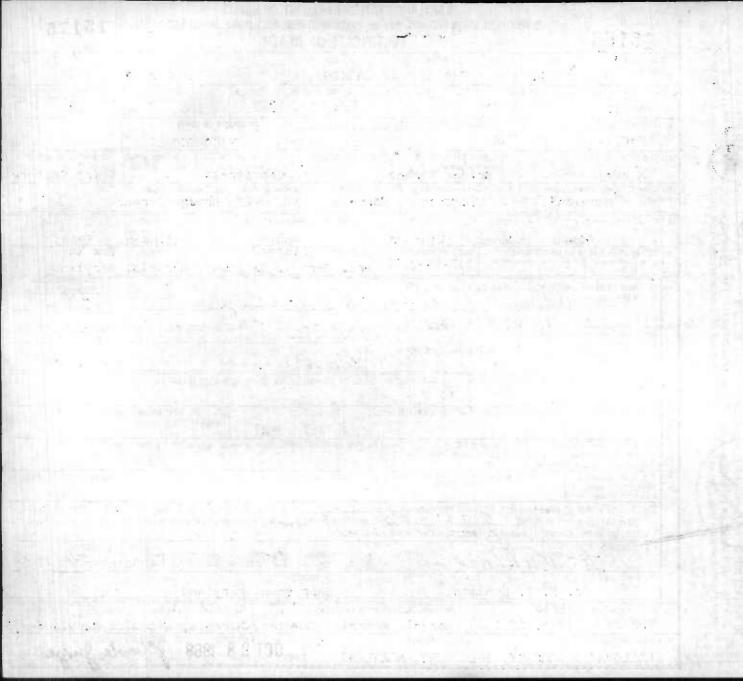
director, poge should be filed

15174 TENT Jane Line Charley and The Section CASSIVE ALEXANDER TO LATER TO MAKE TO MAKE TO THE PARTY OF THE PARTY O The the live was the same of the first of the Strange Commence and a second of the first than the second of **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death.

CEPTIFICATE OF DEATH

		ED-NAME	First		i	Middle		Last		2a. DA	TE OF DEAT				,	2b. F	IOUR
	(lype o	or print)	EV	Α	I	THOMAS	JA	CKSON			Oc t	Month ober	22Y		1968	3	
3.	SEX			4. RACE				S. DATE OF			6. A	GE (In yeo	rs	IF UNDER		IF UNDER	24 HR
	F	ema1e		Wh	ite			May 2	8, 188	2	88	st birthday))	YRS.	MONTHS	26	HOURS	MI
		IPLACE (Stote or foreign	gn 7	76. CITIZEN		OUNTRY?		NEVER MA	ARRIED	9. COUNT	Y OF DEAT	TH					
-		Maryland		US			WIDOWED		ORCED		COMIC						
10.		Mardela			11. NAME Of give street Bric	of HOSPITAL OR INS oddress) dge Stre	ititution(ifi et	nat in hospitol	during r Sea	DAL OCCUPA most of wor mstre				12b. I INDU Shi	KIND OF E	Business Fact	or or
2 13 ad	a. USUA mission	AL RESIDENCE (Where	deceased and	d lived, if in 13b. COU	nstitution: F				13d. INSIDE CITY			and numb					
		ER'S NAME First	_	_	ldle	lost	1	S. MOTHER'S I	MAIDEN NAME	First		Mid	idle			Last	
		Thor	nas	.la	mes	Winds	or		Annie		Г	elin	den		Evar	15	
16		DECEASED EVER IN U	.S. ARME	D FORCES?	16b.	SOCIAL SECURITY	10. 17.	INFORMANT (Sister)		Add			26	10	_
	Yes, no	a, or unknown) (If	yes give war	r or dates of serv	1(e) 2	12-09-77	17 Mr	s. Dor	a W. C	allow	ay, N	Marde	1a,	Mar	ylar	nd	
	1B.	CAUSE OF DEATH (E			per line fa	r (a), (b), and (c).	la de la companya de	. /						8	APPROXIM	LATE INTERV	
-		PART I. DEATH WAS	CAUSED	BY: E CAUSE (a)	(1 rel	ul	Ken	rans	lase					12 6	20	
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		to immediate cous ring the underlying			,	CONSEQUENCE OF	m . 12		1 Cles	asio				10	042	un	5
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2	stot lost.	ing the underlying	cause	DUE TO	OR AS A	CONSEQUENCE OF	rele	rios				PART 1(o)		10	042	no	5
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1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) October SARAH L. **JOHNSON** 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthdoy) HOURS Female Colored TANHARY 7907 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
MARYLAND WIDOWED IX DIVORCED [WICOMICO 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Deer's Head State Hospital during most of warking life, even if retired.) Salisbury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) SIATE Mary Land Dorchester NO X Hurlock RFD #1. Box 61 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Lost TODD HOWARD JOHNSON SARAH 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) I (If yes give war or dates of service) 213-12-5007 DATSEY SAMPSON RFD L BOX 61 HURLOCK. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) _ Coronary thrombosis 10 minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease. Conditions, if ony, which gove) Years rise to immediate couse (a). decompensated DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. U 2 01 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lues, latent - treated. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY Y 21f. LOCATION Street or R.F.D. Ng. City or Town Caunty Stote While Not while at wark 22a. I certify that (4) (this haspital) attended the deceased from September 16 19 68, to Uctober 2919 68, that (4) (we) last saw the deceased alive an October 29 19 68, and that in (44) (aur) apinian death accurred an the date and haur and from the causes stated above, (X (we) (did) (AN XX) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) L. V. Maldve, M. D. Deer's Head State Hospital, Salisbury, 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) REMOVAL (Specify) CRAPO 24. FUNERAL DIRECTOR STADORESATE FUNERAL H 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968

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TO FUNERAL DIRECTOR: After

requires that the death certificate be executed within 24 haurs after death

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CAMBRIDGE. MD.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN ITH DEPT First 1. DECEASED-NAME Middle Doy Month (Type or Print) JONES JOYCE ANN DEATH MATED 110-5-68 deloy 3 4. RACE S DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IE HINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX Doy _ AA 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Poges 1, country Urcomico Wicomico WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b. KIND OF BUSINESS OR during most of working lifereven if retired.) **INDUSTRY** Salisbury and Rose St. with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico odmission) STATE 808 Delaware St. Salisbury in Item 18. YES NO 24 hours 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle Exominer's 160. WAS DECEASED EYER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFØRMANT be executed within in pencil (Yes, no, or unknown) (If yes give war or dates of service) Jille within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. forworded to the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Fracture dislocation of cervical spine pending DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), This certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, 4 should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING involved in head-on auto cremotion, Passenger CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. City or Town County DIRECTOR: Page foctory, office building, etc.) WHILE AT WORK AT WORK West Rd. & Rose St., Salisbury, Wic., Md. burial 22a. I certify that I took charge of the remains described above, held an Autopsy. Inspection XI. Inquiry X, Natural capses . Accident . Suicide . death resulted from: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Oct. 8, 1968 L. Royer, EXAMINER'S Earl DEPUTY MEDICAL EXAMINER Health Camden Ave., Salisbury. ADDRESS(Street, city, town, or county) 0 23g_ BURIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) DEMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Booker West, Salisbury, Md.

2b. HOUR

(0:10 M

2d HOUR

:10 A

Year

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

sudden

20. AUTOPSY?

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(Stote)

NO IX

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VR A15ME (5)

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages lands with the State Department of Hooth print to house the Apartment of Hooth print to house the death

5 may be retained far your files.

VR A15ME (5)

TO DEPUTY

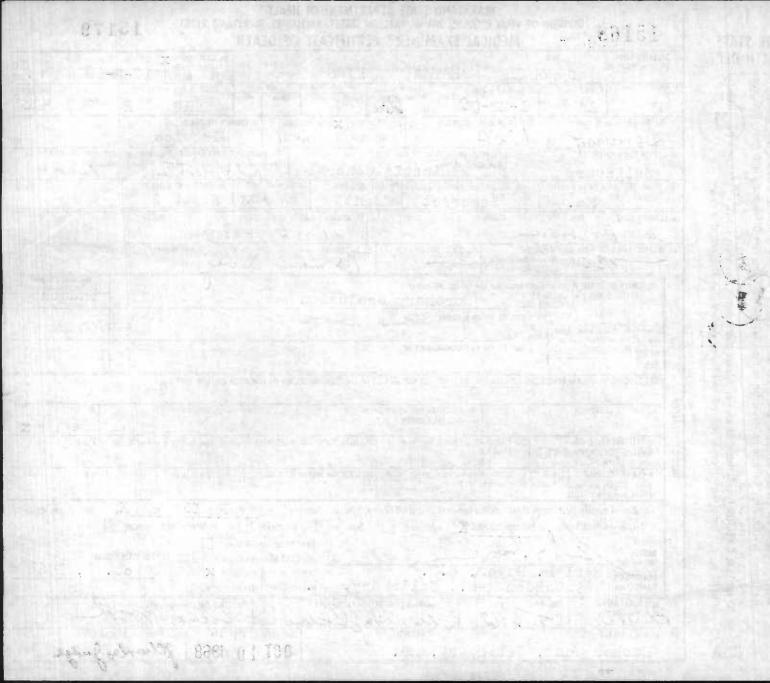
Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death

5169

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1. DECEASED-NAM			Middle	6.100	Lost	97.00	20	DATE KNOW			2b. HOUR
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3. SEX	4. RACE	S. DATE OF BIR	TH 6. AGE		DER I YEAR DAYS	IF UNDER 2	24 HRS 2c	. DATE PRONOL		V	2d. HOUR
F	AA	1-22-	012	MONTHS MONTHS	DATE	HOOKS		Month 10	Day 2	Yeor698	9:55 M
7a. BIRTINPLACE (Stote or foreign 7	b. CITIZEN OF WH	AT COUNTRY? 8	MARRIED [NEVER MAR	RIED		Y OF DEATH	1. 1. 1.	5-5-179-170	
country	resset	USA).	WIDOWED [DIVO	RCED 🗌		licomi			Mo
10. CITY OR TOW	n of DEATH'		AME OF HOSPITAL OR INS			12a. Us during	most of w	PATION (Kind a arking life, and	prif retired.)	12b. KIND OF BU	ISINESS OR
			utian: Residence befare			L INSIDE CITY L		e. STREET AND		700	
admissian) S		13b. COUNTY	merset	Eden	100	YES N	10 🔯	Route	2		
14. FATHER'S NAM		Middle			THER'S MAID	DEN NAME	First		Middle	Lo	st
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160. WAS DECEASE	D EVER IN U.S. ARMED FO	ORCES?	16b. SOCIAL SECURITY NO			w	Ki		DDRESS		
PART Gonditions rise to imi		BY: (E CAUSE (o) DUE TO, OR (b)	ine far (a), (b), and (c).) Coronary AS A CONSEQUENCE OF	rocclu	sion			0		APPROXIMAL BETWEEN DISI	ET AND DEATH
last.)	(c)	ING TO DEATH BUT NOT	RELATED TO THE '	ERMINAL D	SEASE OR C	CONDITION (GIVEN IN PART	1(a)		
z 40	20/										
190. DATE (OF OPERATION		19b. CONDITION FOR WI WAS PERFORMED?	HICH OPERATION						20. AUTOPS	
	NAL CAUSE WAS OR CONTRIBUTING			21c. HOW	INJURY OC	CURRED (En	nter nature (of injury in Par	t 1 or Port 2, I	tem 1B.)	
		LACE OF INJURY (, ory, office buildin	At home, form, street, ig, etc.)	21f. LOCA	TION Street o	or R.F.D. No.		City ar Towr		County	State
22a	resulted from:		ve., Sali	□, Suick	Le , CHIE , CHIE , ASSI DEPL MADD	Homicid F MEDICAL STANT MEDI JTY MEDICA	de, EXAMINER ICAL EXAMII AL EXAMINER	NER	Inquiry A ned manner 22b. DATE		ny opinion
230. BURIAL, CRI	Specify) Oc	DATE 7-6-62	234 NAME OF &	EMETERY OR CRE		ر	230/10	ELLER	m		(State)
24. FUNERAL DII			ADDRES	/			D BY REGIST		REGISTRAR'S		
Boo	ker West	. Sali	sbury. Md		- CHI	DARCT	10	1968	Miland	as budas	2



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15180

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.	he fun	director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2	offe	
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OH O	O FUNERAL DIRECTOR: After this certificate has been signed by	direct	shoul	
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	ECEASED-NAME	First	Middle		Last		OF DEATH			2b. HOUR
(1	Type or print)	THER INE	H.	K	NOTTS	Oct	tober	13, Day	1968	4:10PM
	Female		nite		S. DATE OF BIRTH	910	6. AGE (In ye lost birthda		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. E	BIRTHPLACE (State or foreign or foreign of f	n 7b. CITIZEN	OF WHAT COUNTRY?	WIDOWED [VICOMICO			Md
2	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street oddress) Deer's Head	State	Hospital during	toresen	ON (Kind of wor		12b. KIND OF INDUSTRY	BUSINESS OR
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14. [FATHER'S NAME dgar	Mi	ddle Hurlock	15	. MOTHER'S MAIDEN NAM		M	iddle	Smi	th
	(es, no, or unknown)		16b. SOCIAL SECURITY 214–28–82		nformant arrington	Knotts-		dress Svil		
	PART I. DEATH WAS	CAUSED BY: IMEDIATE CAUSE (a)		al obst	ruction				BETWEEN O	mate interval onset and death hours
	Canditions, if ony, which rise to immediate couse stating the underlying clast.	gove (o), ouse	O, OR AS A CONSEQUENCE OF Multiple O, OR AS A CONSEQUENCE OF	e fistu					3 у	rears
×	PART 2. OTHER SIGNIFICAN 5705	IT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	IOT RELATED TO) THE TERMINAL DISEASE (OR CONDITION G	IVEN IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PE	ERFORMED	20a. AUTOPSY? YES NO	CAL	. IF YES, WERE FIN USES OF DEATH?	NDINGS CO	NSIDERED IN CI	ERTIFYING
DICAL CER	21a. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSE (If either, natify medical	OF DEATH HOUR	P.M. 1	9	OW INJURY OCCURRED (E	nter nature of	injusy in Part 1 ar	Part 2, It	em 18.)	
ME	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	1	CATION Street or R.F.D.		City or Town		County	Stote
	couses stated a) (this hospital ed alive on O bove XI) (we)) attended the deceas ctober 13 (did) (did Kot) view the	ed from <u>a1</u> 19 <u>60</u> , on body ofter	that in (my) (our)	opinion deat	th occurred on	19_ the dat	e and hour	(A) (we) last ond from the
	22b. SIGNATURE	mit	rhell	DEGR	71113.	MED. DIRECTOR	STAFF PHYS.	22c. D.	ATE SIGNED 14/68	
	22d. PHYSICIAN'S NAME (Type)	C. Mitch	ell, M. D.		Peer's Hea	ad Stat	e Hospit	tal,	Salisb	ury, Md
23a.	BURIAL, CREMATION, REMOVAL (BROSILY)	Oct. 10	Sudler	CEMETERY OR		Sud	ATION (City or Tov Lersville	le, M		(Stote)
24.	FUNERAL DIRECTOR	CC	ADDRESS		2So. REC	D BY REGISTRAL	1988 REG	SISTRAR'S S	IGNATURE 0	400

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15181

				FIXILIA	AIL OI	DEATH							
1. DECEASED-NAME	First		Middle		Last			TE OF D			.,	2b. H	
(Type or print)	WILLIAM	I GL	ENN	LANK	FORD		0	cto	ber 18,	196	OQ 1691	5:00	A-
3. SEX	4. 1	RACE		-4,	S. DATE OF			6	. AGE (In years	IF UNDER	R 1 YEAR	IF UNDER 2	24 HRS. MIN
Male		Whi	te		Oct.	12,	1869		lost birthday) YRS.	WONIHS	UATS	HOOK?	MIN
o. BIRTHPLACE (Stote	or foreign 7b. (I	TIZEN OF WHAT CO	OUNTRY?	8. MARRIED	NEVER MA	ARRIED	9. COUNT						
(dunity) Marylan	ıd	U.S.A		WIDOWED	DIV	ORCED 🗌		WIC	OMICO				M
O. CITY OR TOWN OF	DEATH		F HOSPITAL OR INST						and af wark dane	12b.	KIND OF F	BUSINESS	OR
Salisbu	•		nghill	Sani	tariu	m during	wrhe.	King lif	e, even if retired.)	Fa	isiry armi	ng	
30. USUAL RESIDENCE	(Where deceased live			13c. CITY OR		13d. INSIDE CITY			ET AND NUMBER				
idmission) STATE ar	id &	omerse	t	Poco	moke	YES	NO SC	R.	F.D. 1				
14. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S	MAIDEN NAME	First		Middle			Last	
Jo	ohn S		ankford			Jul	ia		_ W.	(Cort	oin	
	VER IN U.S. ARMED FO	and a comment	SOCIAL SECURITY N		NFORMANT	0.623		9.5	Address				
Yes, na, ar unknawr n O		21	8-20-63	381 W	illia	m G.	Lank	for	d, Pocon	noke			
18. CAUSE OF D	EATH (Enter only one	cause per time for	(a), (b), and (c).)	11	1		1				APPROXING BETWEEN OF	AATE INTERVA	AL EATH
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAU	ISE (a)	rebra	CC.	Mer	rose	Ker	1	ca .	/	116	12	
433		TO, OR ASSE	ONSEQUENCE OF	1.	1	0	0				0		
Conditions, if an		(b) (2v	rebra	1	Va	rom	60	22		4	11	4	
rise to immedia stating the und		UE TO, OR AS A C	ONSEQUENCE OF								1,3		
last.)	(c)											
PART 2. OTHER S	IGNIFICANT CONDITION	IS CONTRIBUTING 1	TO DEATH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE OF	R CONDITION	GIVEN I	N PART 1(o)			. 2011	
= 332×													
190. DATE OF OPEN	RATION 19b. CONDIT	ION FOR WHICH OF	PERATION WAS PER	FORMED	20a. AU	TOPSY?			ES, WERE FINDINGS C	ONSIDER	ED IN CE	RTIFYING	
Ē					YES [] NO [ין כ	CAUSES O	F DEATH?				
		216. TIME OF INJUI		21c. HC	OW INJURY O	CCURRED (En	ter nature a	of injury	in Port 1 or Part 2,	Item 18.)			
	medical examiner)	HOUR A.M. Mai	nth Day Year										
ZIU. INJUKT UCC	URRED 21e. PLACE	OF INJURY (AT HO.		ORY.) 21f. LC	CATION Str	eet or R.F.D. N	Na.	City or	Tawn	Count	ry	St	ote
While Nat w	ark ark	OTTICE	. BOILGING, CFC.										
22a. I certify	that (I) (this has	pital) attended	d the decease	d fram	9-	9 - , 19	GH. 10	0	0-18,19,	68	, that	(II)(we	e) la
saw the	deceased alive tated abave, (I)	n ALIVET	19	, and	that in	ny) (aur) a	pinian de	ath ac	curred an the da	ite and	haur à	ind frai	m th
226. SIGNATURE	lalea abave, (ii)	well and (and)	nai cview the b	ady affer a	ieum.				224	DATE SIG	NED		-
220. SJOHATUKE	. 01	21		A DEGR	ATTENE	ING Z	MED. DIRECTOR		STAFF	DAIE 310	INED		
22d. PHYSICIAN'S	CX 11	The wo	une						PHYS.				
NAME (Type	David	d J. Gi.	lmore,	M.D.	Me	dical	Cen	ter	, Salish	oury	/, N	ld.	
23a. BURIAL, CREMATIO	ON. 23b. DATE		23c. NAME OF C	EMETERY ON					(City or Town)	(Coun		(State)	
BEMOYAL (Specify	10-20	1968	St. Ma						oke City			, ,	
24. FUNERAL DIRECTOR	2 / 1 0 0		ADDRESS				BY REGISTE		2Sb. REGISTRAR'S			riu.	
Kabul	19. Wat	SanPoc	omoke (City	Md.		CT 2 5		38 Icha	re	, Jac	del	
DILL .	4 111 7	10- 1- 00		40 3		I DAIL W		10	7- //	V	A	63	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paper Popes 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hour, after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exp Page 4 may be retained by the hospital ar attending physician.

Whin 24 haurs after death.

797 7367 197 CONTRACTOR - I have the same in The verse the gradient in the transfer to the contract th Medical First Supposed I. I les

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	Then please remake carban papers. Pages and 2	remaval, and in any event, within 72 haurs after death.	80 23
been signed by the attendir	s the burial-transit permit.	iar to burial, crematian, ar re	
: After this certificate has l	ld be detached for use as	he State Dept. of Health pri	
O FUNERAL DIRECTOR:	director, page 3 shaul	should be filed with th	1

requires that the death certificate be executed within 24 haurs

VR A15 30M REV. 1

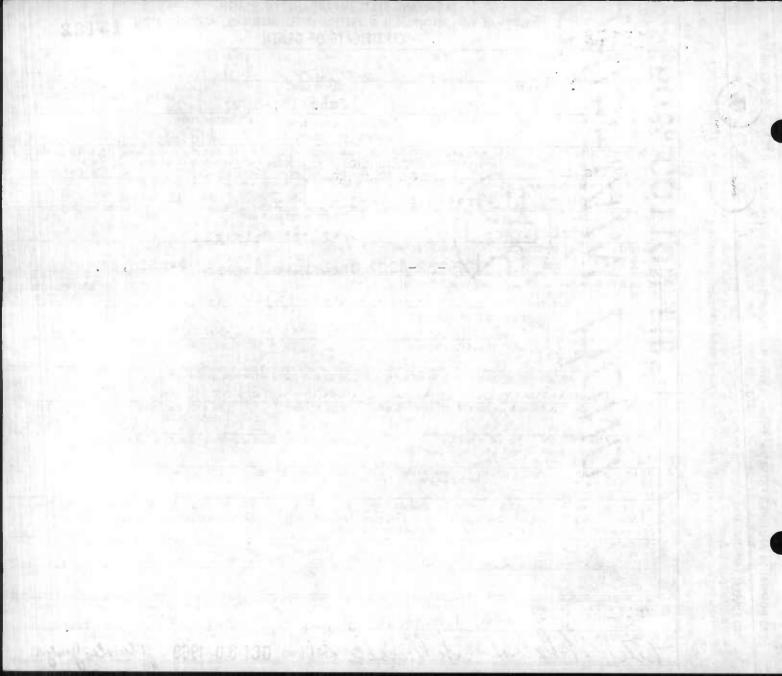
by the haspital or

be retained

ATTENDING

15172 DECEASED-NAME 20. DATE OF DEATH First Middle Lost 2b. HOUR (Type or print) a150 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS OAYS HOURS June 1897 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryla nd USA WIDOWED X DIVORCED [Wicomico 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) Peninsula during most of working life, even if retired.) INDUSTRY Salisbury Own Salisbury General Hospital

130. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before | 13c. CITY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER 3b. COUNTY admission) STAMeryland urne 11 Street YES 🗌 orcester 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost First David Evans Charlott Daiset 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Berlin. Me 220-52-8022 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MRS cerchna IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave en sclepesis governalized rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) gastric 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES TO NO 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot wark at work 220. I certify that (1) Ithis hospital) attended the deceased from actay, 1968, to actas, 1968, that (11) (we) lost sow the deceased glive on 65 25 1965, and that indmy) (our) opinion death occurred on the date and hour and from the couses stoted obove (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIANS 22e. ADDRESS NAME (Type) 23h DATE 28/68 23d. LOCATION (City ar Tawn) 23c. NAME OF CEMETERY OR CREMATORY (State) (Caunty) J 2Sb. REGISTRAR'S SIGNATURE



STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21203 83

	TOTEM		CERTIFI	CATE OF DEATH		
			Middle	Last	2a. DATE OF DEATH Month Dov	Yeor 2b. HOUR
(1	ype or print) Ur	ah W.		LONG	OCTOBER 2	2 1966 7A.
3. SE	Χ -	4. RACE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1	MALE	White		Sept, 2,	1887 last hinthdoy) yrs.	MUNTHS DATS ROURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUN	TRY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
COUL	Delaware	USA	WIDOWE	DIVORCED [Wicomico	N
	ITY OR TOWN OF DEATH Salisbury	give street add	ospital or institution (lif ress) Peninsu eneral Hos	la during [UAL OCCUPATION (Kind of work dane nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. admi	USUAL RESIDENCE (Where decossion) STATEDelawa	eased lived, if institution: Residence 136. COUNTY Suss			I 13e. STREET AND NUMBER Church St	
14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
	Isaac	Willis	Long	Joanna Mac	Williams	
	WAS DECEASED EVER IN U.S. A	ve was as dates of service)		INFORMANT	Address	
	es, na, ar unknawn) (If yes gi	xx 221	-22-0998A	Virgini	ia Law Selbyvil	
	PART I. DEATH WAS CAU IMME	DUE TO, OR AS A CONS	Herr	sclub	le Heart V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gov				WOULD.	
	rise ta immediate cause (a stoting the underlying caus		EQUENCE OF			
	last.	(c)				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
NO	4200					
CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF I (If either, notify medical exa	DEATH HOUR A.M. Month P.M.	Day Year 19		ter nature of injury in Part 1 ar Part 2,	Item 18.)
W	21d. INJURY OCCURRED While Nat while at work	10. PLACE OF INJURY (AT HOME, OFFICE BU	FARM, STREET, FACTORY.) 21f.			County State
	sow the deceased	(this hospitol) ottended t alive on 10 2 ove, (I) (we) (did) (did not	7 196060	nd that in (my) (our) of r death.	pinian death accurred on the do	
	22b. SIGNATURE	ecces 4	DE	GREE PHYS.	MED STAFE	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type)	1	•	22e. ADDRESS		
	REMOVED (Specify)	b. DATE 19/30/68	Red Men	R CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
24.	FUNERAL PARCETOR	haling Sel	Capalle 1	scel 25a. REC'D	By REGISTRAR 255. REGISTRAR'S	SIGNATURE"

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkian and completely filled in Enth funeral director, page 3 should be detached for use as the burial-transit permit. Then please Temave carban papers, Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death.

Page 4 may be retained by the haspital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

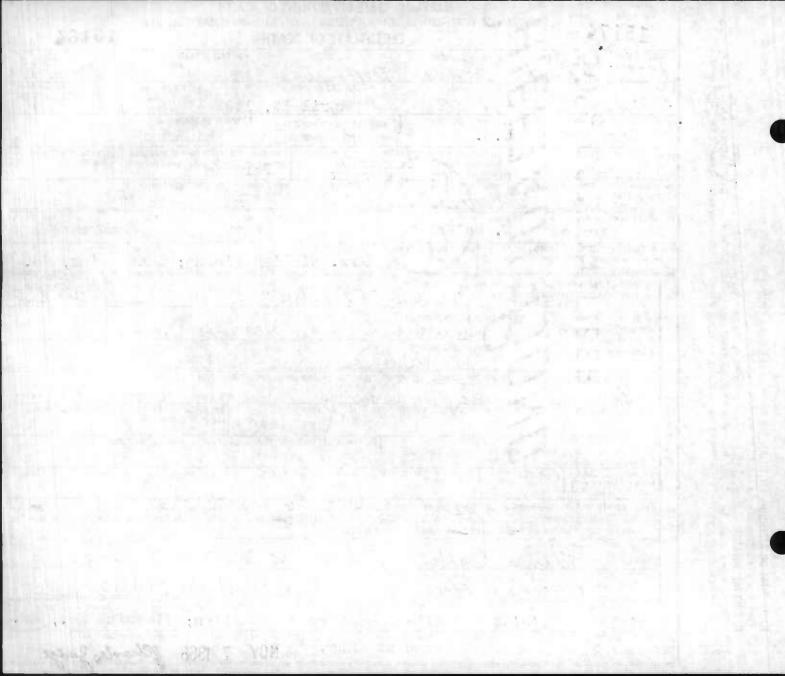
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-1		FOI	. 36		3	LEKIIFI	CALE OF DEAL	IH			1910	4
-1		CEASED-NAME	Firs		Middle		Lost	20	DATE OF DEATH	.1 6		2b. HOUR
	(1	ype or print)	FRA	NK E	-ARI	m	ALDNE.		10 Mon	th 300y	6 egs	JP.
	3. SE	X		4. RACE			S. DATE OF BIRTH		6. AGE	(In yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		MAL	6	WH	ITC.	9.0	April 18	18	92 lost p	rthdoy) YRS.	MONTHS OAYS	HOURS MIN.
		BIRTHPLACE (Stot		7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIEL	NEVER MARRIED	9. CO	OUNTY OF DEATH			
	COUL	Mary Mary	rland	U.S.		WIDOWE	DIVORCED		Wicom	ico	17.50	Mo
0	10. C	ITY OR TOWN O	F DEATH		ME OF HOSPITAL OR IN: reet oddress)	stitution (If	not in hospitol 120.	. USUAL OC	CUPATION (Kind of	work done	12b. KIND OF INDUSTRY	BUSINESS OR
			sbury	CALL THE REAL	Genera	L Hos			working life, even			
2	13a. odmi	ission STATE	(LAND	osed lived, if institution	n: Residence before	13c. CITY O	a / wre	NO G	13e. STREET AND	ite #2		
1	14. F	FATHER'S NAME	First eorge	Middle W. M	alone		15. MOTHER'S MAIDEN NA	AME First Mar	у	Middle Se	abreas	lost S e
		WAS DECEASED es, no, or unknow		RMED FORCES? war or dates of service)	16b. SOCIAL SECURITY		INFORMANT Irs. Willi	iam F	ields;	Address Shad	Peint	Md.
		18. CAUSE OF	DEATH (Enter o	only one couse per line	tos (o), (b), and (c)	.)	. 0					MATE INTERVAL INSET AND DEATH
		PART I. DE	EATH WAS CAUS	ED BY: NATE CAUSE (o)	(ore lace	P 1	lirandros	is.			20	this.
		412	2 A		A CONSEQUENCE OF			. 1	~			
		Conditions, if o		1) 11 1	Les Der ten	Seve	Cardin-	Vasa	ulor D	15Eare		
		rise to immed stoting the un			A CONSEQUENCE OF	4	1		- 1			1
		lost. 44	2 ×	(c)	Pirth	0	ougester	E -	failure			(C) (C)
		PART 2. OTHER	SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEAS	E ORCONDI	TION GIVEN IN PAR	T 1(o)	1	1,
	Z	Ber	uena	Prus tox	ic Her	201 72	on his E	uren	ory -	und	OUST	notion
^	ATIO	190. DATE OF OP		. CONDITION FOR WHI	400	- 4 4 -	20g AUTOPSY?		20b. F YES, WE		NSIDERED IN CI	ERTIFYING
2	CERTIFICATION				9		VES N	NO X ON	CAUSES OF DEA	IH?		
		210. ACCIDENT					HOW INJURY OCCURRED	(Enter natu	ure of injury in Por	l or Port 2, It	tem 18.)	
	MEDICAL	(If either, notif	v medical exam		Month Doy Yeor							
17	ME	21d. INJURY O	CCURRED 21	DI ACE OF INITIDY /	AT HOME, FARM, STREET, FA	CTORY.) 21f.	LOCATION Street or R.F.	.D. No.	City or Town		County	Stote
			work				a.1 N		101		/	
	-	22a. I certif	fy that (I) (t	his hospital) atte	nded the deceas	ed from_	UCT 26,		, ta <u>GC</u> .		68 , that	
		saw th	e deceased stated abay	ve, (I) (****) (did) (did not) view the	bady afte	nd that in (my) (cas r death.	s) apinian	a death accurre	a an the aat	e ana naur	and fram the
		22b. SIGNATURE	71		2 1/01	a M	D ATTENDING	MED.	STAFF	22c. D	ATE SIGNED	10
			Ju	omas (. Hell	DE	GREE PHYS.	DIRECT	OR PHYS.	L /	30.	-68
		22d. PHYSICIAN NAME (Typ		mas C	HILL	Ap.	22e ADDRESS	Blu	H Rd.	Soli	s Dunge	Md
		BURIAL, CREMA		. DATE	23c. NAME OF			230	OCATION (City	7	(County)	(Stote)
1	_	Bring May Ster		1/3/68			netery	I.		Nicomi		., Ma.
)	24.)	FUNERAL DIRECT	OR /		Princ	ess A		EC'D BY RE		. REGISTRAR'S		
3"	100	ence	KINN	neon	11110	^	DATE	NOV	7 1968	Jula	read fee	age.

and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. neral Ailled in papers **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave cardan shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, with Page 4 may be retained by the hospital ar attending physician.

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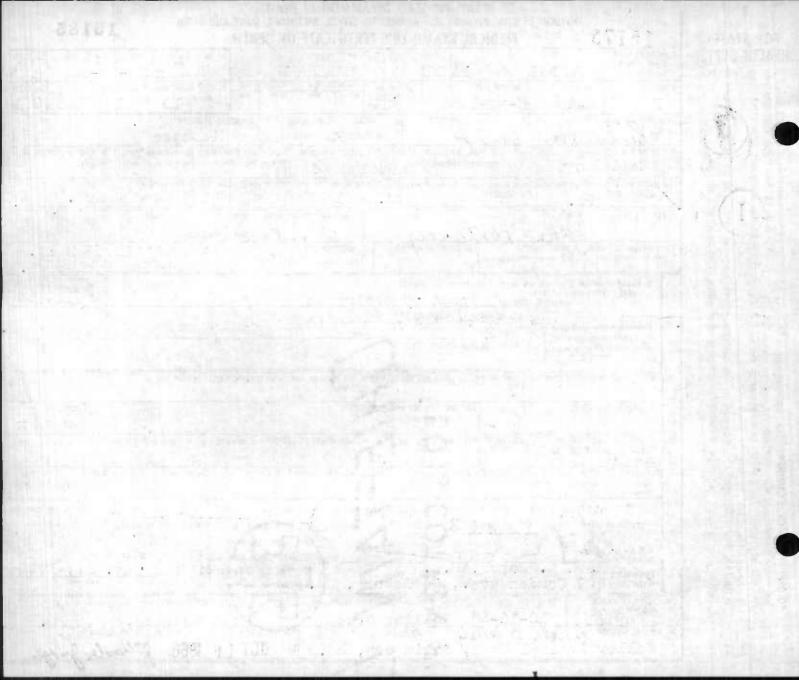
VR A13 (4) 30M REV. 1/68



Salisbury, Md.

Home,

VR A15ME (5) 10M REV, 1/68 DATE OCT 16 1968 Clearly July

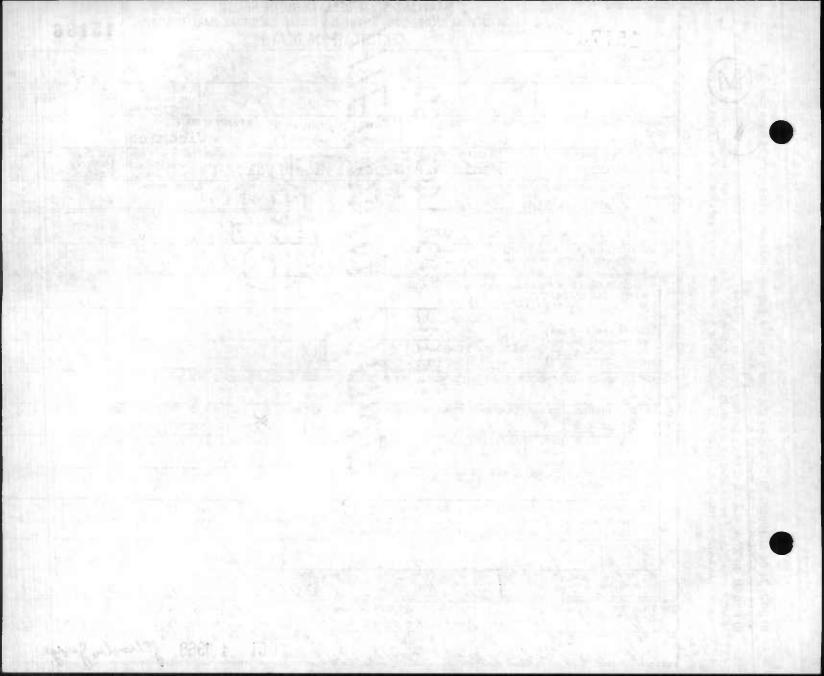


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15186

Stote

15176 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH death. (Type or print) 24 haurs after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthdoy) MONTHS DAYS HOURS 22-91 physician and campletely filled wo 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country Wicomico WIDOWED DIVORCED [within 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Hospirita most of working life, even if retired.) requires that the death certificate be executed within Salisbury INDUSTRY General OWN hay e OUSew/ Fe event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STA please remove any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) crematian, or remaval, the attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Circ hosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ? MODENA rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse burial, hronic ANCI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been as the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Health 1 hosic O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH Month Doy HOUR A.M. detached for te Dept. af H (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while at work of work 10-1 220. I certify that (I) (this hospital) attended the deceased from. 10-1 19 68, and that in (my) (our) apinion death occurred on the date and hour and from the sow the deceased alive one be retained director, page 3 shauld should be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR O HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS 23b. DATE LOCATION 23o. BURIAL, CREMATION (City or Town) EMOVAL (Specify) BEC'D BY REGISTRAR 24. FUNERAL DIRECTO



30M REV.

15177

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15187

EX Pemale A RACE	(Type or print)	riisi	middle	FOR MC	uire 20.1	Month	Day	Yeor	ZD. HOUR
BIRTHPIACE (Stote or foreign mirry) Penna. U.S.A. S. MARRIEDE NEVER MARRIED NO NORCE NO. WICOMICO (IV) OR TOWN OF DEATH S. MARRIEDE NO NO FEATH S. MARRIEDE NO FEATH S. MARRIEDE NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH S. MARRIEDE NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH MICHONIA NO FEATH S. MARRIEDE NO FEATH MICHONIA NO FEATH			9 (800-00-00)		Y		6 .	Yeor 1968	5A.
Second Conditions, if only, which gove rear order closuse (b). Second Conditions, if only, which gove rear to describe the second in the order in the presence of the conditions, if only, which gove rear to describe the conditions of the presence of the conditions of the con						last hirthdov)			
Penna. U.S.A. WIDOWED DIVORCED Wicomico Wicomico Wicomico DIVORCED Wicomico DIVORCED Wicomico DIVORCED Divorced							YRS.		
Penna U.S.A.	o. BIRTHPLACE (Stote or foreig ountry)	n 7b. CITIZEN OF WHAT	MAN		IED				
Salisbury Deer Steel address State Sta	Penna.	U.S.A.							M
USUAL RESIDENCE (Where decessed lived, it institutions, residence before lassion) STATE Md. Jab. COUNTY Queen Anne State ChestertoryTES NO Table	O. CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUTIO	N (If nat in hospital				MATERIA	
ATHERS NAME First Middle Lost Is. MOTHER'S NAME First Middle Lost Is. MOTHER'S NAME Risk Middle Lost Is. MOTHER'S NAME Risk Middle Lost Unknown	Salisbur	Dee	sHeadState	Hospital	Housew	ife	160.)	H	ome
Unknown Unknown Unknown Unknown 17. NFORMANT Address 21620 O71-14-3054 George Delbert McGuire, Rt.1 Chestertown, McGuire,	3o. USUAL RESIDENCE (Where dmission) STATE Md.	deceased lived, if institution:	Residence before 13c. Cl	hestertown	GES NO THE	13e. STREET AND NUMB	ER		
16b. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).		Middle	Lost			Mid	dle		Lost
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Bronchial Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Bronchial Pneumonia Bronchial Bronchial Bronchial Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Pneumonia Bronchial Bronchial Pneumonia Bronchial Bronchial Pneumonia Bronchial Pneumonia Bronchial Bronchial Bronchial Pneumonia Bronchial Bronchial Bronchial Bronchial Bronchi		S ADMED CODORS 1141	SOCIAL SECURITY NO		.town				1690
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22a. I certify that (I) (this haspital) attended the deceased from 5/10/07, 19, ta 10/07/00, 19, that (I) (we) saw the deceased alive on 10/6/08 19, and that in (my) (aur) opinion death occurred on the date and hour and from couses stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L. Maldve, M. D. 22e. ADDRESS Box 2018, Salisbury, Md 21801 BURIAL (REMATION, REMATION, REMATION, REMATORY) Calena Cemetery Calena, Kent, Md.	While Nat while	21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY,) ICE BUILDING, ETC.						State
couses stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR PHYS. D	22a. I certify that	(1) (this haspital) attend	ed the deceased from	m_5/16/67 , and that in (my	, 19,	ta10/6/68	_, 19 he dote on	_ , that d hour c	(I) (we) la
DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DOCT. 6, 1968 22d. PHYSICIAN'S NAME (Type) L. Maldve, M. D. Box 2018, Salisbury, Md 21801 BURIAL (REMATION, REMATION, 1968) BURIAL (REMATION, 1968) Calena Cemetery Calena, Kent, Md.	couses stated	above, (I) (we) (did) (did	d nat) view the body o	after death.					F. F
22d. PHYSICIAN'S NAME (Type) L. Maldve, M. D. 22e. ADDRESS Box 2018, Salisbury, Md 21801 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Calena, Kent, Md.	22b. SIGNATURE	". Gealdy	Un.		MED.	STAFF PHYS.			1968
Galena Cemetery Galena, Kent, Md.		L. Maldve	, M. D.			isbury, Md			
	3a. BURIAL, CREMATION,	23b. DATE			23d.	LOCATION (City or Town) (Cau	inty)	(State)
	Burial (Specify)	Oct. 9, 1968	Galena Cer	netery	Ga	lena,	Ken	t, 1	Md.
Edward Fellows& Son, Millington, Md. 21651 DATE OCT 9 1968 October October	24. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REGIS	TRAR 2Sb. REGIS	TRAR'S SIGNA	TURE	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages on a should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

deoth.

ificare be executed within 24 hour

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth

Poge 4 moy be retained by the hospital or ottending physicion.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEASED-NAME ype ar print)	First	Middle	Last	20.	DATE OF DEATH Month Death	y Year	2b. HOUR
	3. SE	/\	1 A. RACE	00 //	IS. DATE OF BILL	fa (SCIODER 13,	1968.	IF UNDER 24 HE
	3. SE	nale	4. KALE	ite	1-09-	****	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MI
	70. E	SIRTHPLACE (State or foreigners)			MARRIED NEVER MARK	RIED 9. CO	UNTY OF DEATH		
1		MD.	U.S.A.			CED 🔲		Wicomi	00
0	10. 0	Salisbur	11. NAM	ME OF HOSPITAL OR INSTI eet oddress) Insula G	rution (If not in hospital eneral Hos	12a. USUAL OCC	CUPATION (Kind of work done working life, even if retired.) CANNER AND	12b. KIND OF INDUSTRY	
,			deceosed lived, if institution	n. Residence before	3c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER S. SOMERS		
1	14. F	ATHER'S NAME First	Middle	Lost	1S. MOTHER'S MA	IDEN NAME First	Middle		Lost
		KING B. N	MILLER SR.		MAR	ION ST	ERLING		
		WAS DECEASED EVER IN U	.S. ARMED FORCES?	6b. SOCIAL SECURITY NO	. 17. INFORMANT		Address		
	1	es, no, ar unknown) (If y	es dive wat at agres of service)		MRS HATT	IE MILL	ER PRINCES:		MD.
		18. CAUSE OF DEATH (Er	nter only ane cause per line	for (a), (b), and (c).)		2		BETWEEN OF	MATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS	CAUSED BY: WMEDIATE CAUSE (o)	Acute	goobre 1	delatil	Em Cardane	arriver	4
		1890 "		A CONSEQUENCE OF	7				
Н		Canditians, if any, which		N	T. (1)	no - hour	tuna		
		rise to immediate cous	e (o) (b)	100 Coper	and of	Up rous	ciny		
		stoting the underlying o		A CONSEQUENCE OF	11.	1.12	1 2-1-		
		lost.	(c)	Correnna	- of Kelne	y wood x	ary pelasta	cho)	
	-	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
	z	170x							
X	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERF	ORMED 200. AUTOF	PSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF DEATH HOUR A.M.	Manth Doy Year	21c. HOW INJURY OCC	URRED (Enter natu	re af injury in Part 1 ar Part 2	, Item 18.)	
	ME	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO DEFICE BUILDING, ETC.	RY.) 21f. LOCATION Street	t or R.F.D. Na.	City or Town	County	State
		22a. I certify that (l) (this haspital) otter sed alive an	nded the deceosed	from	, 19 v) (our) apinian	death occurred on the c	9 <u>6 2</u> , that	(I) (we)
		couses stoted	bove, (I) (we) (did) (did)	did not) view the bo	dy ofter deoth.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
H		22b. SIGNATURE	hard & Al	he	DEGREE PHYS.	G MED.	STAFF STAFF	DATE SIGNED	58
		22d. PHYSICIAN'S NAME (Type)	HARD E. HU	ighes	22e. ADDI		CENTER; SAL	sbury	ma
		BURIAL, CREMATION, BUTTAT (Apacity)	23b. DATE 16/13/1968			ERY	LOCATION (City or Town) PRINCESS AN	(County)	(Stote)
	24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'DBY NEG	SISTRAR 40 255 REGISTRAR	S SIGNATURE	
0	I	EVIN R. W.	ILSON PRI	NCESS AND	WE. MD.	DATE	T 1 1200 AC	carles &	udge.

PRINCESS ANNE,

28131 NEWEST AND EMPIRE LINES LINES THE COMPLETE VOLUME LINES DELIGHTED A COLUMN AND A COLUMN ASSESSMENT AND ASSESSMENT ASSESSME BURN TRANSPORTED BURNERS BALLERY L. C. Stranger of the control of the contr LIVIU II. ESCON VILIOSES AMERICANI

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15180 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH death requires that the death certificate be executed within 24 haurs after death ages I and (Type or print) LEON J. MOGEL October 4. RACE S. DATE OF BIRTH 3. SEX . 899 Male PT-White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ciamega completely filled in ease remave carban papers. and in any event, within 72 h. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done give street oddress) Deer's Head State Hospital during most of working life, even if retired.) Salisbury 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? Jab. COUNTY NO O Maryland Berlin Worcester 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First 6-5 OHN D 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT attending physic permit. Then p Yes, no. orunknown) (If yes give Parlor dates of service) burial, crematian, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. Carcinomatosis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) Carcinoma of the large bowel rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending After this certificate has been be detached far use as the State Dept. af Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while of work 22a. I certify that (X) (this haspital) attended the deceased from October 10, 19 68, to October 17, 19 68, that (4) (we) last sow the deceased alive on October 17 19 68, and that in (44) (our) opinion death occurred an the date and haur and from the O FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the causes stated abave, (we) (did) (did)(t) view the body ofter deoth. 22b. SIGNAFURE ATTENDING DIRECTOR

C. H. Winnacott, M. D.

23b. DATE

PHYS.

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22e. ADDRESS

2b. HOUR Month 1968 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) DAYS HOURS WICOMICO 12b. KIND OF BUSINESS OR I 3e. STREET AND NUMBER Gum Point Road, Box 242 Middle Address FRILIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 months 2 Years 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING City or Town County Stote 22c. DATE SIGNED 10/17/68 PHYS. Maryland Deer's Head State Hospital, Salisbury 23d. LOCATION (City or Town) (County) (Stote) HILADELPHI 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968

15190

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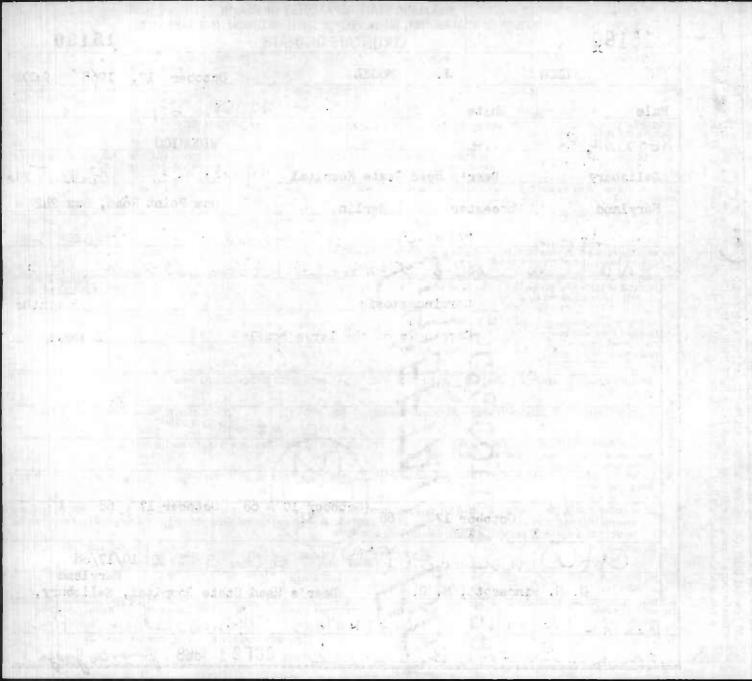
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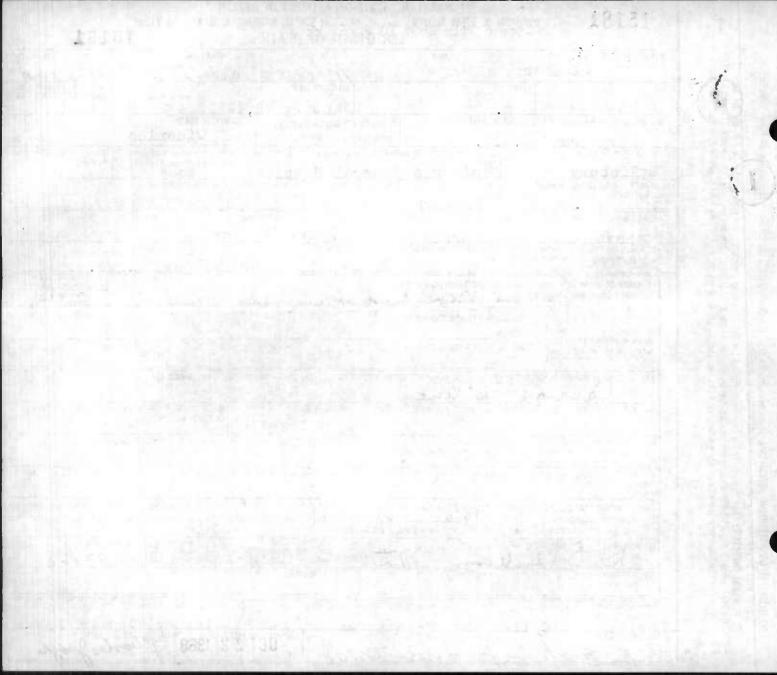
23o. BURIAL, CREMATION

NAME (Type)

REMOVAL (Specify)

FUNERAL DIRECTOR





Division of STATIST

Pages 1 and 2

within 24 haurs after death.

5

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 tems 6 23 Film GLOCERTIFICATE OF DEATH

15192

D. COUNTY I COU
write RURAL and give nearest town) d. NAME OF HOSPITAL DR. INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS R. D. #5 3. NAME OF HOSPITAL DR. INSTITUTION (if not in hospital, give street address) 3. NAME OF D. #5 4. DATE Manth D. D. Y. G. H. H. H. D. D. H. L.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. B. RESIDENCE ON A FARM? YES NO. J. NAME OF DECEASED (Ivpe or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane during most of workinglife, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 13. FATHER'S NAME 14. MOTHER'S MADE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse (b) DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse (c) 17. WAS AULTOPSY DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse (c) 18. WAS AULTOPSY DUE TO Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse (c) 19. WAS AULTOPSY
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DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED NOV. 16 1000 67 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) DIVORCED 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? LA PYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) DIVORCED 16. SOCIAL SECURITY NO. 17. INFORMANT VIOLENTIA WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stating the underlying couse lost. (c) DUE TO (c) PRACT I. OTHER SIGNIFICANT CONDITIONS CONTENSITING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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Male Colored WIDOWED DIVORCED NOV 16, 1900 67 yrs. 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Caunty & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? 12c. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. VIOLENTIAL MOTHER'S MAIDEN NAME 17. INFORMANT 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT REPAIR TO THE FERMINAL DISFASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (b) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT REFAUXO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Viola Morris R. F. D. 5 Salis bury Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT REFAMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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Yes, no, or unknown (If yes give wor or dates af service) Viola Morris R.F.D.5Salisbury Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (a), stating the underlying cause (b) DUE TO (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT REFAMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBU
YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
1 8 TOK CONTRIBUTING LI CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour a.m. p.m. 19 While of wark of the bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased from 15-19, 1968, to 10-19, 1968, that (1) (we) lost
saw the deceased alive on 10/19 196. 3, and that death occurred at 3.30 M, from causes and on the date stated above.
220. SIGNATURE A 22b. DATE SIGNED
M.D. ATTENDING MED. STAFF 10/22/68
22c. PHYSICIAN'S 22d. ADDRESS
NAME (Type)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify) Burial 10/26/68 Coringbill Memory Gardens Hebron Wic. Md.
24. FUNERAL DIRECTOR ADDRESS 1 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
27. TORENAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, when the state Dept. Page 4 may be retained by the haspital ar attending physician.

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TO DECTOR THE DISTRIBUTE WAS INCOME.

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5 may be retained far your files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Health priar to burial, cremation, ar removal, and in any event within 72 haurs

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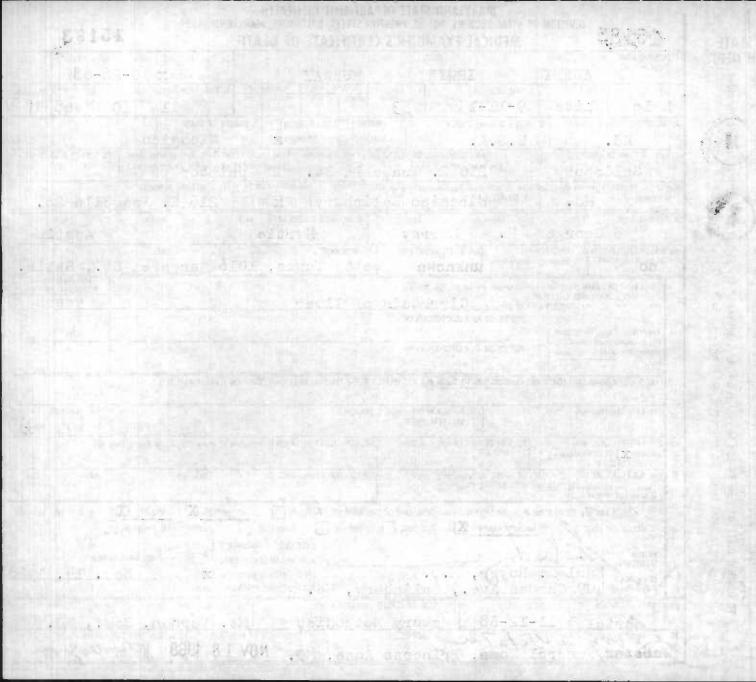
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3 Pana 5 may be retained for your file.

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15193

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		ECEASED-NAME	Firs	100	Midd	le		Lost			2a. DATE KN		Month D		2b. HOUR
	(1	Type ar Print)	AUST	[N	IRWIN		MUI	RRAY		1.34	OF E	ATED X]	10-2	8-689	A
	3. SI	EX	4. RACE	S. DATE OF BI		6. AGE (In year		ER 1 YEAR DAYS	IF UNCER	24 HRS.	2c. DATE PRO				2d. HOUR
	N	[ale	White	9-11	-15	last birthday)	RS. MONTHS	UATS	HOUKS	min.	Manth	11 Do	oy 10	Year 1968	III
		BIRTHPLACE (State	e ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. N	ARRIED _	NEVER MAR	RIED 🗌	9. COU	NTY OF DEAT	Н	-5.31	No. of Co.	
	coun	md.		U.S.	A .	WI	DOWED [DIVO	RCED 🔀	30.	Wic	omico)		М
	10. C	ITY OR TOWN O			NAME OF HOSPITAL						CUPATION (Ki			2b. KIND OF BUS	INESS OR
0			isbury		STE (Bagnett)	Isabe			during	mast at	working life	reven if refi	ired.)	NDUSTRY	
-				sed lived, if instit	lutian: Residence	before 13c. Cl	TY OR TOW	N 13d	. INSIDE CITY		13e. STREET /				
70	a	dmission) STATE	Md.	13b. COUNTY	Wicomi	co Sal	Lisbu	ıry	YES 🔀 N	10 🗆	216	E. J	Isab	ella S	t.
1	14. F	ATHER'S NAME	First	Middl		Lost	15. MO1	HER'S MAID			100400	Middle	e	Last	
			George	н.	Mur:	ray		MZ	rti	9				Aust	in
	16a.	WAS DECEASED EV	ER IN U.S. ARMED		16b. SOCIAL SECO		17. INFOR					ADDRESS			
	(,	es no or unknov	viii) (it yes give	war or dates of service)	unknow	n I	Betty	Tav	ves,	10:	16 Ma:	rgare	et S	t., Sa	lis.
				ly one couse per	line for (a), (b), a	nd (c).)			The same					APPROXIMATE GETWEEN ONSET	
	0	PART I. D	DEATH WAS CAUSE	D BY: ATE CAUSE (o)	Cirrl	nosis	of T	iver	2					vea	
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			yry, which gave												
			iate couse (a), iderlying cause		R AS A CONSEQUE	NCE OF					1,120	11-13-7			
		last.	, ,	(c)											
		PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BI	JT NOT RELATE	D TO THE T	ERMINAL DI	SEASE OR	CONDITIO	N GIVEN IN P	ART 1(o)			
	¥	581	.0												
_	CERTIFICATION	190. DATE OF C	PERATION	N. S. LOY	19b. CONDITION WAS PERFO		PERATION	4 00	100	SAU		00,5		2D. AUTOPSY	1?
2	TIFIC			TOLLY	WAS PEKIN	JKMEU?								YES 🗀	NO E
-8		210. EXTERNAL			F INJURY Month, D	ay, Year	21c. HOW	INJURY OCC	URRED (Er	nter natur	re of injury in	Part 1 or P	ort 2, Item	n 18.)	
	MEDICAL	CAUSE OF DEAT	r contributing H		r.m. P.M.	19									
	ME	21d. INJURY OC	1.	PLACE OF INJURY ctary, office buildi	(At hame, form, s	treet,	21f. LOCAT	ON Street a	r R.F.D. Na	•-	City ar	Tawn	100	County	State
-37		AT WORK		ciary, office bollar	ng, etc.)										
	110	220. 1	certify that I t	ook chorge of	the remoins de	escribed obo	ve, held o	n Autor	osy 🗌,	Ins	pection X	, Inqui	iry X,	ond in m	y opinion
		deoth re	sulted from:	Notural cou	ises X, Ad	cident ,	Suicid	е П,	Homicio	le 🗍	Undeter	mined mo	onner		
		Carried States	80	1		1500		CHIE	F MEDICAL	EXAMINE	R \square			F.24 / 12	
	27	ACTUAL SIGNATURE _	16	L m	1						MINER .	221	b. DATE SI	IGNED	
	33	EXAMINER'S	Earl I	. Roye				DEPU	ITY MEDICA	AL EXAMI	NER 🔀	55.4	No	v. 14.	196
2		NAME (Type)	409 Ca	mden A	ve., Sa	alisbu	ary,	Mdappi	RESS(Street	, city, to	wn, ar county)			
	230.	BURIAL, CREMA		DATE		ME OF CEMETE					LOCATION (C		(((Caunty) (S	itate)
		REMOVAL (Spec	12 1	1-12-6	8 Asi	bury 1	letho	dist	;	Mt	t. Ve	rnon,	So	m., Md	
	24.	FUNERALOURECT	8y 5.	Webs	Tu -	ADDRESS	200		2So. REC'I	D BY REG	GISTRAR	2Sb. REGIS	STRAR'S SIG	GNATURE	
0	1	leheter	Funar	al Hom	a Danis	2222	Ann	NA	DATE	VUN	1 8 19	68	Illo	wells you	ALL.



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15184

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

15194

	o. COUNTY Wi COMi CO MARYLAND	o. STATE Delaware Delaware
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Springhill Sanjtarium 10 Mo	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Millsboro
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Salisbury, R50	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
(11)	3. NAME OF DECEASED (Type or print) Audrey Maddle	Parker 4. DATE Month Day Year 1968
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NIVORCED NIVORCED	8. DATE OF BIRTH 4-6-1901 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Delaware 11. BIRTHPLACE (State or foreign country) Delaware 12. CITIZEN OF WHAT COUNTRY? US A
	13. FATHER'S NAME James Lowe	14. MOTHER'S MAIDEN NAME Lena Hitchens
	Over any and the state of the s	velyn Atkins Milfsboro, Delaware 19966
	PART I. DEATH Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Harowlesses Three on Set and Death Hard
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 332 X CLEVEN PURPLE OF THE PROPERTY OF THE PRO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW PED. (Enter nature of injury in Port 1 or Port II of item 18.)
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 10 1 and that 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Wilber R. Ellis, Jr.	death accurred at P.M., fram the causes and an the date stated abave. M.D. ATTENDING MED. STAFF PHYS. Director PHYS. 22d. ADDRESS Medical Center, Salisbury, Md.
	23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF MILLSONO (24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MILLSONO, Delaw	emetery Inc. Millsboro, Delaware 19966 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transfactor, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages and should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after deat

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2M Page 4 may be retained by the haspital ar attending physician.

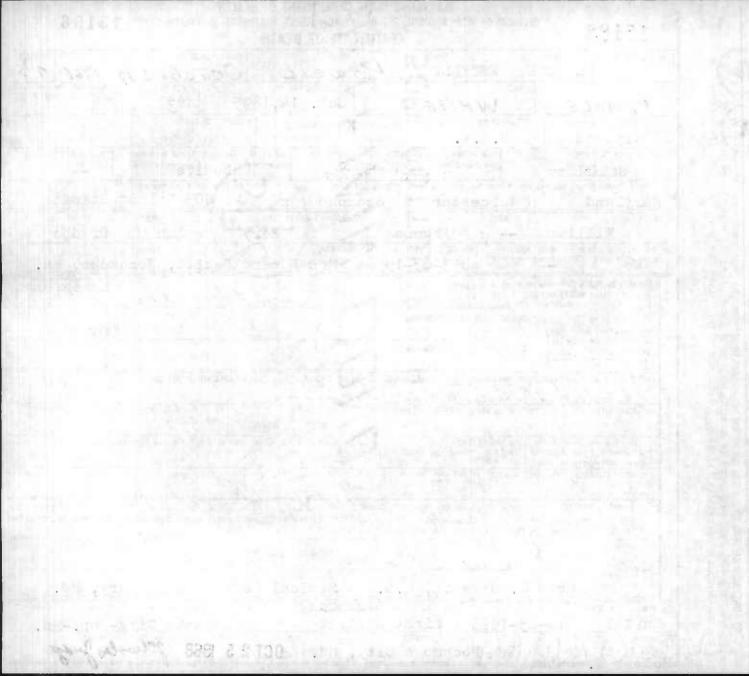
DIVISION O

MARYLAND STATE DEPARTMENT OF HEALTH

F VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1519
CERTIFICATE OF DEATH	

6

		CEASED-NAME vpe ar print)	First		Middle ESTELLE	P	last we	11	20. DATE	OF DEATH TOBER 19	5 1962	2b. HOU
	3. SE)		ALE	4. RACE	WHITE		S. DATE OF E		895	6. AGE (In years last birthday) YRS.	IF UNCER I YEAR MONTHS DAYS	IF UNDER 24 HI HOURS M
	7a. B	IRTHPLACE (Stot	e or foreign and		F WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	RRIED	9. COUNTY	OF DEATH		
80	10. CI	ty or town o Sa]	DEATH .isbury		Genera	nins	ula		IAL OCCUPATION	ON (Kind of work done of if peyer if retired.)	12b. KIND O INDUSTRY	F BUSINESS OR
3	13a. admir	usual residence ion y SIATE	E (Where deced	sed lived, if in:	stitution: Residence before	13c. CITY		YES N		STREET AND NUMBER 403 Walnu	t Stre	et
7	14. F.	ATHER'S NAME W	First illian	Midd	Gibbon		1S. MOTHER'S N	Maiden name Mai		Middle Ann	Dryd	last en
		WAS DECEASED es, ne prunknav	EVER IN U.S. AR	MED FORCES? war or dates of service	16b. SOCIAL SECURITY 213-05-	1	A Mrs	Edwa	rd Pe	Address titt, Poc		
		PART I. Di 4/2 Canditions, if a rise to immed	ny, which gave iate cause (a), derlying cause	D 8Y: ATE CAUSE (a) , DUE TO, (b).	OR AS A CONSEQUENCE OF	cles	whie	Hex	A DE	(XIMATE INTERVAL ONSET AND DEA
X	RTIFICATION	PART 2. OTHER	SIGNIFICANT CO	. CONDITION FO	PROTING TO DEATH BUT N COMMON TO SEATH BUT N COMMON TO SEATH BUT N R WHICH OPERATION WAS PE	RFORMED	2Da. AUT	OPSY?	2Db. CAU	IF YES, WERE FINDINGS (SES OF DEATH?		CERTIFYING
100	MEDICAL	OR CONTRIBUTION (If either, natification of the control of the con	work	iner) HOUR	P.M. 1 JIRY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	g CTORY,) 21f.	LOCATION Stre	eet or R.F.D. N	0. (njury in Part 1 ar Part 2,	County	Sta
		couses	stated oboy	nis hospital) alive an e, (I) (we) (attended the deceas did) (did not) view the	ed france 1967, o body ofte	and that in (n	7 19 ny) (aur) ap	, to continuon deat		-	r ond fron
	4	22b. SIGNATURE 22d. PHYSICIAN	JX.	Til	eure I	Talon	GREE ATTEND PHYS.		MED. DIRECTOR	STAFF 22c.	DATE SIGNED	
		NAME (Type BURIAL, CREMA REMOVAL (Spec	(ION, 23b.	DATE 0-23-19		CEMETERY		ical	23d. LOCA	r, Salisb	(Caunty)	(State)
R	_	FUNERAL DIRECT		10	ADDRESS ADDRESS				BY REGISTRAR		S SIGNATURE	



5187

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME	First		Middle	/	1 Last		2a. DATE O		1,000		2b. HOUR	
(1	(ype ar print)	7/08	A		to	URNE!		Oct	Month	Day	Year 68	12 AM	
3. SE	X		4. RACE			S. DATE OF B	IRTH		6. AGE (In years last birthday)	s IF U	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
	Female		Whit	e		Janua	ry 11,19	906	62	YRS. MON	THS DAYS	HOURS MIN.	
7a. I	BIRTHPLACE (State or	foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MA	RRIED 9	. COUNTY O	DEATH				
COUL	Marylan	d	USA		WIDOW		RCED 🗌	Wic	omico			Md	
10. 0	CITY OR TOWN OF DE	ATH		ME OF HOSPITAL OR IN	STITUTION	(If nat in haspital			(Kind of wark o			BUSINESS OR	
	Salisb	urv	Pen Pen	reet oddress) insula G	ener	al Hosp	ital Ho	st at warking OUSEWI	life, even if retir fe	ed.)	NDUSTRY		
	USUAL RESIDENCE (V	here decease	ed lived, if instituti			OR TOWN	13d. INSIDE CITY LIM		REET AND NUMBE	R			
adm	issian) STATE Ma	ryland	136. COUNTY	icomico	Powe	ellville	YES NO	\square R	. D.				
14. 1	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S M	AIDEN NAME Fir	rst	Midd	lle		Last	
	C	har les	R.	Bunting		N. La	Sara				Bunt	ing	
	WAS DECEASED EVER	IN U.S. ARM	ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY	NO.	17. INFORMANT			Addre				
	No.	(11) to gree 11	ar or outes ar sorvice)			Mr. Ros	coe Puri	nell,	Powe11vi	11e,			
	1B. CAUSE OF DEA	TH (Enter anl	y ane cause per lin	e far (a), (b), and (c	N.(APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Levix With												
	DUE TO, OR AS A GONSEQUENCE OF										10.00		
	(anditions, if any, which gave) 4 Generalized melasiasis										10 mos.		
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
	(c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
N	17/X												
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?								NGS CONSI	CONSIDERED IN CERTIFYING			
RTIFI						YES	J LXLJ						
	21a. ACCIDENT WA		E	INJURY Manth Day Yea		c. HOW INJURY OC	CURRED (Enter	nature af inju	ury in Part 1 ar Pa	ort 2, Item	1B.)		
MEDICAL	(If either, natify m	edical examin	er) P.M.		19								
×	21d INHIRY OCCURRED 21e PLACE DE INHIRY / AT HOME, FARM, STREET, FACTORY.) 21f IOCATION Street or R.F.D. No. (ity or Town)												
	ot work of work												
	220. I certify that (I) (this haspital) attended the deceased from 7/1/0, 19/0, to 10/1/7, 19/0, that (I) (we) lost												
	saw the deceased olive on 18 19 8 and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated abave, (I) (we) (dig) (did not) view the body ofter death.												
	22b. SIGNATURE		0 4	11/1 11	1.	1. 1	. /			22c. DATE	SIGNED /		
	XIII	nes 7	1. 111	Wahr	1/1	FGRE PHYS.		RECTOR	STAFF PHYS.	101	19/6	8	
	22d. PHYSICIAN'S	1	061			22e. AD	DRESS			1	11		
1	NAME (Type)	JAMPS	P. GAlla	heR		Med	ical Ce	nter,	Salisbur	y, M	ary1a	nd	
23 a.	BURIAL, CREMATION	, 23b. [DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCAT	ON (City ar Tawn)) (((aunty)	(State)	
1	REMOVAL (Specify)	Oc1	. 22,196	8 St. Jo	hn's	Cemeter	У	Powe1	lville,	Vicom	ico, M	aryland	
24.	FUNERAL DIRECTOR			ADDRES	S		2Sa. REC'D BY	REGISTRAR	2Sb. REGIST	TRAR'S SIGI	NATURE	100	
	HOLLOWAY	& CON	MPANY, SA	LIBBURY, A	MARYL	AND	DARCT	3 19	68 400	CONCE	yaray	-	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by to director, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Posshould be filed with the State Dept. at Health prior to buriol, cremation, or removal, and in any event, within 72 hours VR A15 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retoined by the hospital or attending physician.

TO LEG STEELING TATHETS.

certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs of

30M REVIT 68

ro Hospital or Attending PHYSICIAN: The law requires that the death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1518	B	IVISION O	F VITAL RECORDS,		ESTON STR		IMORE, M	IARYLAND	21201	1519	8		
1. DECEASED-NAME	First		Middle		Last		2o. DATE	OF DEATH		V	2b. HOUR		
(Type or print)	Erne	st	Ludwig		Rahe			Mant		Year 190	68 7:55		
3. SEX		4. RACE			S. DATE OF BIR	TH/	~1-1	6. AGE		IF UNDER 1 YEA			
Male			White		119	1188	Sol	less oil	YRS	MONTHS OA	YS HOURS MIN.		
70. BIRTHPLACE (State of country)	1	CITIZENTOF V	WHAT COUNTRY?	8. MARRIED E	NEVER MARR	IEV	9. COUNTY	OF DEATH Wicom	ico		M		
10. CITY OR TOWN OF D			NAME OF HOSPITAL OR IN: e street address) Deer shoads	STITUTION (If no				ON (Kind af ng life, even		LINDUSTRY	OF BUSINESS OR		
		lived, if institu 13b. COUNTY	ution: Residence before		/	YES NO	MITS? 13e.	STREET AND	NUMBER				
14. FATHER'S NAME	first /n	Middle	Rahe	15.	MOTHER'S MAI	1- K	irst 9 ou	n	Middle		Lost		
16a. WAS DECEASED EYE Yes, no, or unknown)	R/IN U.S. ARMED	FORCES? r dates of service)	16b. SOCIAL SECURITY	NO. 17, IN	S. EK	-Wal	1. Ra	he,	Address	w 1/0,	rK		
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia										Days		
485	485 X DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if ony, which gave (b) (b) (b)												
stating the under	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
PART 2. OTHER SIG	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)												
= 49/X Ar	terioscl	Lerotic	c Cardiovas	cular	Disease								
19a. DATE OF OPERA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO								CONSIDERED IN	N CERTIFYING			
21a. ACCIDENT WA	CAUSE OF DEATH	21b. TIME HOUR A.M P.M	I. Month Day Year		W INJURY OCCU	JRRED (Enter	r noture of i	njury in Port	1 or Part 2	2, Item 18.)			
While Nat wh	k L		(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.					ity or Town	160	Caunty	State		
22a. I certify saw the c causes st	22a. I certify that (I) (this haspital) attended the deceased fram 2/28/68, 19, ta 10/1/68, 19, that (I) (we) la saw the deceased glive an 10/1/68, 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.												
22b. SIGNATURE	ATTENDING - MED - STAFE										6, 1968		
22d. PHYSICIAN'S NAME (Type)	L	. Mald	ve, M.D.		Box		Salis	sbury,	Md.	- 2180	1		
23d. BURIAL, CREMATION	1 8 1 1 C	17/4	08 hoy	CEMETERY OR	1dr1	K	127	TION (Pity, or	ore-	(County)	· (Stote)		
24. PUNERAL DIRECTOR	The For	alle	ADDRESS	11 (1)		DATE OC			OWNE	S SIGNATURE	udge		

8612 a effects said made a structe struct - 007 1.0 1868 /Thenda Single

FOR STATE HEALTH DEPT.

Page , 2, and 3 ta ny delay is PM3. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the ward "pending" in pencil-in Item 18. Give Pages **DICAL EXAMINER:** This certificate shauld be executed within 24 hours after deoth

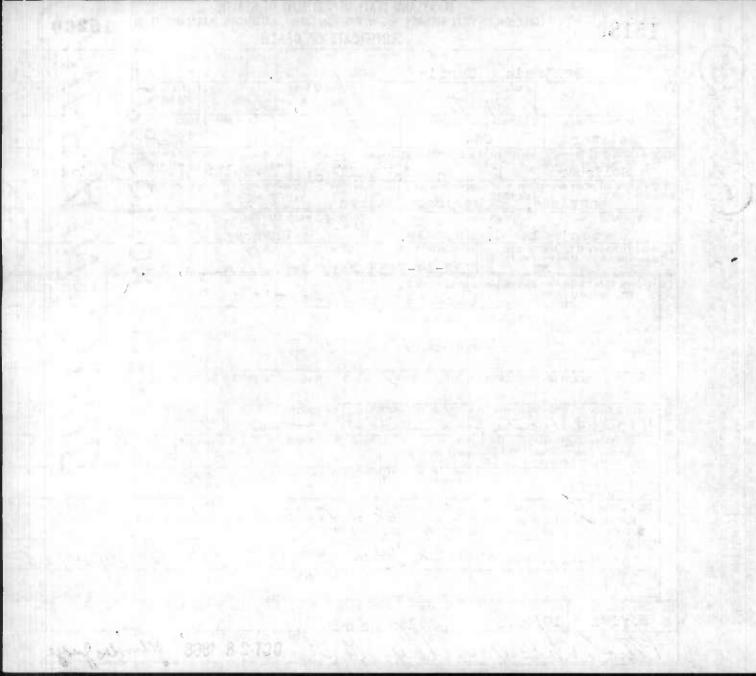
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State De 8 Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH 51 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 89 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Y			IIILDIC	UP FVUIL	HAFIL 2	PERMIT	-	OI DE	7111			
7.	DECEASED-NAME (Type or Print)	GLAD?		Middl HICK		RA	Lost THE	L			-68 19	2b. HOUR
	SEX F	4. RACE	5. DATE OF BIR		6. AGE In years	MONTHS RS.	DAYS	IF UNDER S	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Manth 10 Day 5	Year 168	2d. HOUR
	BIRTHPLACE (State		7b. CITIZEN OF WH			ARRIED NI		_		NTY OF DEATH	MYTE	- 200
1-	untry)Flori		U.S.			DOWED		RCED 🗌		Wicomico		Md.
		sbury	give s	AME OF HOSPITAL	nsula	Gene	hospitol ral	during			2b. KIND OF BUIDUSTRY	JSINESS OR
13	a. USUAL RESIDEN	CE (Where deceo	sed lived, if institu	ition: Residence	befare 13c. Cl			d. INSIDE CITY L		13e. STREET AND NUMBER		-21-1-15
	odmission) STATE	Md.	13b. COUNTY	Wicomi	co H	ebron		YES N	0 🗶	Rewastico Mil	1 Roa	d
14	. FATHER'S NAME	First	Middle		Lost	1s. MOTH	R'S MAII	DEN NAME	First	Middle	Lo	st
		-u	nknown-							-unknown-		
16	a. WAS DECEASED EV			16b. SOCIAL SECU	JRITY NO.	17. INFORMA	NT	1		ADDRESS		
L	(Yes, no, or unknow NO	(If yes give	war or dates of service)	266-14	-7408	Char	les	R.	Rat	hel, Hebron,	Maryla	and
			ly ane couse per li D BY:			7					BETWEEN ONS	
	1110	IMMEDI	ATE CAUSE (o)			cclus	lon		-		sud	aon
	Conditions if	ony, which gove		AS A CONSEQUE				22				
	rise to immed	liote couse (o), nderlying couse	(D)	AS A CONSEQUE		otic	car	dlo-	vas	cular disease	ye	ars
	PART 2. OTHER	SIGNIFICANT COND	DITIONS CONTRIBUTI	ING TO DEATH BL	JT NOT RELATE	D TO THE TER	MINAL D	ISEASE OR C	ONDITIO	N GIVEN IN PART 1(o)		
,	4201			3955 LE								
CEPTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION					2D. AUTOP:	
MEDICAL CEDI		R CONTRIBUTING			ογ, Yeor 19	21c. HOW IN	JURY OC	CURRED (En	ter notu	re of injury in Port 1 ar Port 2, Item		
MEI	21d. INJURY OC WHILE AT WORK		PLACE OF INJURY (a actory, affice buildin		treet,	21f. LOCATIO	N Street	or R.F.D. No.		City or Town	Caunty	Stote
	22a. 1	certify that I t	aak charge af t	he remains de	scribed aba	ve, held an	Auta	psy X	Ins	pectian X Inquiry X,	and in r	ny apinian
	death re	esulted Ram:	Natural caus	ses X, Ac	cident,	Suicide		Hamicid	е 🔲,	Undetermined manner		
		15 0	()				CHIE	F MEDICAL	EXAMINE	ER 🔲		
	ACTUAL SIGNATURE	in	15	0		M.				MINER 22b. DATE SI		-10
	EXAMINER'S	EarlL.	Royer,	YH.D.				UTY MEDICA			8, 1	968
L	NAME (Type)	409 Car	mden Av	e., Sa		2 -		RESS(Street,	, city, to	wn, or county)		
2	30. BURIAL, CREMA REMOVAL (Spec	16.3	DATE 0-8-196		me of cemeter rst B					LOCATION (City or Town) (Comoke City-W		(Stote)
2	4. FUNERAL DIRECT	ORN. CO	teen		ADDRESSPO	comok		2So. REC'D	BY REC		GNATURE	•
	Robert	Watso:	n Funer	al Hom	е,	Md.		DATE	TI	0. 1000	A June	



mythin 24 haurs after death any delay is in penal in Item 18. Give Pages 1, 2, and 3 ta P.M.3. Page bepartment of al Examiner's Office alang with farm This certificate shauld be executed within 24 haurs after death

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State 8 Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the word "pending the funeral directar. Page 4 shauld be forwarded to the Chief Medit

23

0

VR A15ME (5) 10M REV. 1/68

DICAL EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 15191

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Conditions, if any, which gove conditions are conditions. AARCE
3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lest birthody) AA 8-9-45 20. DATE OF BIRTH 6. AGE (in years lest birthody) 70. BIRTHPIACE (State or foreign country) 70. CITY OR TOWN OF DEATH 70. CITY OR TOWN OF DEATH 8 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital General oddress) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN OF STATE 13b. COUNTY OF DEATH 15d. Institution: Residence before 13c. CITY OR TOWN 15d. INSIDE CITY LIMITS? 13c. STREET AND NUMBER 704 Richard Ave. 14. FATHERS NAME First Middle Lost 15s. MOTHER'S MAIDEN NAME First Middle Lost 15c. MOTHER'S MAIDEN NAME FIRST MIDDLESS OR MIDDLE
70. BIRTHPLACE (State or foreign country) Lectonico 10. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life ever if fetired.) 120. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Odmission) STATE Middle Lost 13b. COUNTY Wicomico Salisbury Middle Lost 15. MOHERS MAME First Middle Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or doins of service) 17b. SOCIAL SECURITY NO. 17c. INFORMANT 17c. INFOR
70. BIRTHPLACE (State or foreign country) Lecture 2. Country of DEATH WIDOWED DIVORCED DIVORC
Country Coun
10. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) and give street address in sula General 120. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 14. FATHER'S MAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). (b) Rupture of liver and right kidney hours
Salisbury give street address! results General during first of working life exchifterited.) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY icomico Salisbury YES NO 704 Richmond Ave. 14. FATHER'S MAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Security NO. 17. INFORMANT ADDRESS (If yes give wor or doles of service) 2/4-420/554 Security NO. 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage OUE 10, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). (b) Rupture of liver and right kidney hours
odmission) STATE Md. 13b. COUNTY iconico Salisbury YES NO 704 Richmond Ave. 14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Security NO. 15. MOTHER'S MAIDEN NAME First Middle Lost Security NO. 17. INFORMANT ADDRESS (If yes give war or dotes of service) 2/4-42/574 Securities Security NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMCDIATE CAUSE (a) Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). Maiddle Lost Securities Security NO. 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Security NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). (b) Rupture of liver and right kidney hours
Settline Seilds
(If yes give war or dotes of service) 2/4-425/4 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: 8/2/ IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). (b) Rupture of liver and right kidney hours
(Yeaha, or unknown) (If yes give wor or doles of service) 2/4-420354 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Hemorrhage Hours
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage Oue To, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). (b) Runture of liver and right kidney hours
8/2 / IMMEDIATE CAUSE (a) Remorring to Hours Solutions, if ony, which gove rise to immediate couse (a). Note that the couse (b) Rupture of liver and right kidney hours
Conditions, if ony, which gove (b) Rupture of liver and right kidney hours
rise to immediate couse (a).
lost.
(c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
WAS PERFORMED? YES XX NO
210 FXTERNAL CALISE WAS 21h TIME OF INITIPY Month Day Year 21c HOW INITIPY OCCUPRED (Enter nature of injury in Part 2 from 18)
PRIMARY EXOR CONTRIBUTING 5 5 500 R AM. 10-5-68 Passenger in auto involved in head-on cause of Death 21d INITIAL OF COURTS AM. 21d INITIAL OF COURTS
21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (it or Town County State
WHILE NOT WHILE INTERSECTION West Rd. & Rose St., Salisbury, Vic., Median Work Intersection
22a. I certify the that taak charge af the remoins described obove, held on Autopsy 🔼, Inspection 🔼, Inquiry 🖎, and in my opinion
death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined monner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE 22b. DATE SIGNED
EXAMPLER'S Earl L. Roxer, M.D. DEPUTY MEDICAL EXAMINER \ Oct. 8, 1968
NAME (Type) 1:09 Camden Ave., Salisbury, McADDRESS(Street, city, town, or county)
1109 Ganden Ave., Dallsbury, Ind.
230. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR GREMATORY 23d. JOCATION (City of Town) (County) (Stote)
230. BURIAL, CREMATION, 23b. DATE 23c. TAME OF CEMETERY OR FREMATORY CEM Salesbury Wisomis Me 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Le la Maria							
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

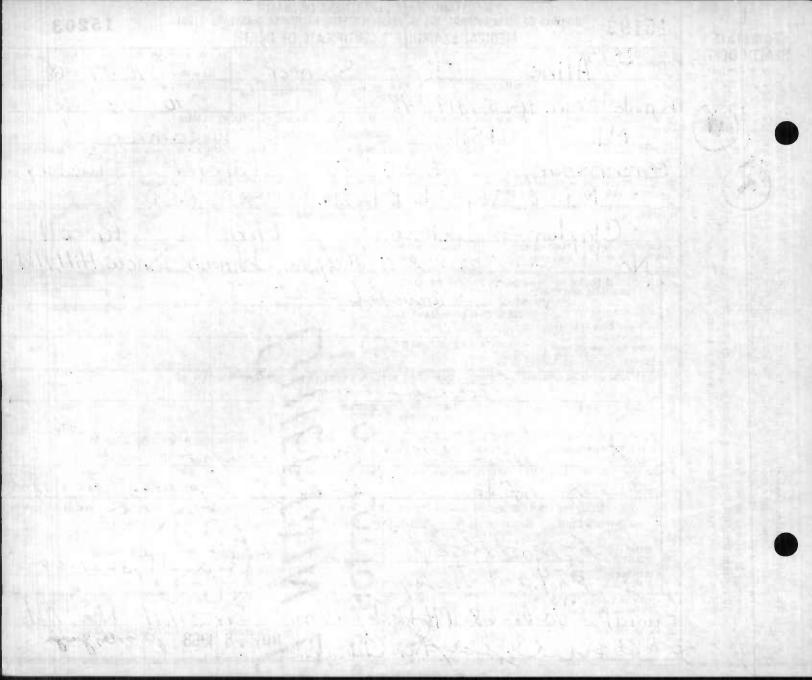
15202

					FILLI	AIL OI DEA					
	ECEASED-NAME	First		Middle		Lost	20.	DATE OF DEATH		12	2b. HOUR
- (Type or print)	LOUIS	A	LBERT		Snith	1	OctobER Month	13 /	968	5 PM
3. SI	EX		4. RACE			S. DATE OF BIRTH		6. AGE (In year			UNDER 24 HRS.
1	MALE		Whit	:e		November 3	, 188	3 last birthdoy)	YRS. MONTHS	DAYS	HOURS MIN.
70.	81RTHPLACE (Stote	or foreign	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH			
coul	Marylaı Marylaı	nd	USA		WIDOWED				Wico	mico) Md
10. (CITY OR TOWN OF	DEATH	11. NA	ME OF HOSPITAL OR INS	TITUTION (If n	ot in hospitol 12o.	. USUAL OCC	UPATION (Kind of work	done 12b. K	(IND OF BU	
	Salish	ury	Pen	reet oddressla	enera	al Hospit	tal st of	working life, even if retin Carpenter	red.) INDU:	stry Iildii	nq
130.	USUAL RESIDENCE	(Where deceosed	lived, if institution	on: Residence before	13c. CITY OR	TOWN 13d. INSIDE	E CITY LIMITS?	13e. STREET AND NUMBE	ER		
oam	ission) STATE Me	aryland	13b. COUNTY Wi	comico	Frui	tland YES] NO []	Hayward	Avenue		
14.	FATHER'S NAME	First	Middle	Lost		. MOTHER'S MAIDEN NA		Midd			lost
		Albert	F.	Smit	h	M	lary	E.		1ghm	
16a.	WAS DECEASED E	VER IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY I		NFORMANT (SON)			ess Haywa		
1	es, no, or unknow	1)		217-10-20	1/ Mr	· Louis E.	Smit	h, Fruitlan	d, Mary		
	1B. CAUSE OF D	EATH (Enter only	one couse per lin	e for (o), (b), ond (c).	1	1			В	APPROXIMATI	
	PART I. DEA	TH WAS CAUSED IMMEDIAT	BY: E CAUSE (o)	andea	- H	Dys lol			4	un	-exten
	4/20	7	DUE TO, OR A	A CONSEQUENCE OF	0	10- 10	- (X		1	-11
	Conditions, if on		(b) 1	sterios	vers	ten offer	-	Juston	- 1	57	arrow
	rise to immedia stoting the und		DUE TO, OR AS	A CONSEQUENCE OF							Spelle
	lost. 4	10	(c)								
	PART 2. OTHER	SIGNIFICANT COND				THE TERMINAL DISEAS	E ORCONDIT	ION GIVEN IN PART 1(0)		317	
NO	Cer	ehrl	arte	-cosse	2026		1.50				
CERTIFICATION	190. DATE OF OPE	RATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES N	10 🔲	20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERE	D IN CERT	IFYING
	210. ACCIDENT				21c. H0	OW INJURY OCCURRED	(Enter notur	e of injury in Port 1 or Po	ort 2, Item 1B.)		7-4-7-11
MEDICAL		medical examine		Month Doy Yeor							
ME	21d. INJURY OC	URRED 21e. P				CATION Street or R.E.	D. No.	City or Town	County	,	Stote
	While Not w	,,,,,,		orrice boltomo, erc.		alial	111	- 1.	11x	-	
	22a. I certify	that (I) (this	haspital) atte	nded the decease	d from	7/18/	19 68	ta_ (0/12	1900	, that (I) (we) last
	saw the	deceased of	ve an	die not) view the	9_6 Oan	that in (my) (our	apinian	death accurred and	he date and	haur an	d fram the
	22b. SIGNATURE	lated apove	n) twe) (dia) (over not) view the	baay alter (leain. /		,	22c. DATE SIGI	NED	
	220. SIGNATURE	///	115		DEGR	ATTENDING X	MED.	STAFF			1068
	22d. PHYSICIAN	1			DEGR	PHYS. 22e. ADDRESS	DIRECTO	R L PHYS. L	October	12,	1900
	NAME (Type		J. Burt	ton			Cente	r, Salisbur	v. Mary	land	
230	BURIAL, CREMATI			23c. NAME OF	CEMETERY OF			LOCATION (City or Town)			(Stote)
230.	REMOVAL (Specifing 1 a l	4	15,1968					ruitland, Wi		"	
24	FUNERAL DIRECTO		15,1900	ADDRESS	iis ceii		EC'D BY REG		TRAR'S SIGNATU		Tanu
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h by the funeral res. Pages 1 and 2 executed within 24 hours after deoth. Media **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physician and completely, director, page 3 should be detoched for use os the buriol-transit permit. Then pages remove carbon schould be filed with the State Dept. of Heolth prior to buriol, cremation, or removal, and in any event, with O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by Poge 4 moy be retained by the hospital or ottending physicion. OM REV

The wife law apace accesses the law! grade black the value must spart of this to a just you will be used

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15193 15203 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Day Year 2b HOUR (Type or Print) ESTI-OF Poge and 3 to of 196 DEATH MATED 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. OAYS HOURS MIN. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF MARRIED NEVER MARRIED 9. COUNTY OF DEATH The Poges 1, with form country) DIVORCED [WIDOWED ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY OR TOWN 13e. STREET AND NUMBER 3b. COUNTY odmission) STATE hours ofter Item lond 14. FATHER'S NAME Middle S MOTHER'S MAIDEN NAME Last First Middle 24 forworded to the Chief Medical Examiner's bages hours 16a. WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO This certificate should be executed within pencil 17. INFORMANT ADDRESS (Yes, no, drunknawn) (If yes give war or dates of service) File within CAUSE OF DEATH (Enter only one cause per line for (a), (b), burial-transit permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removol, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe NO [4 should be 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 10-19-68 10 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) FUNERAL DIRECTOR: Poge 3 should MEDICAL PRIMARY OR CONTRIBUTING DICAL EXAMINER: cremotion, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote of co building, etc.) WHILE AT WORK AT WORK Wec buriol, for 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry -Inspection and in my opinion the funeral director. Accident Suicide retoined deoth resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10-21-68 DEPUTY MEDICAL EXAMINER EXAMINER'S Heolth NAME (Type) ADDRESS(Street, city, town, or county) 0 BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMAJORY 23d_LOCATION (City of Town) REMOVAL (Spefify) FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

in by the funeral Pages 1 and 2 ours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

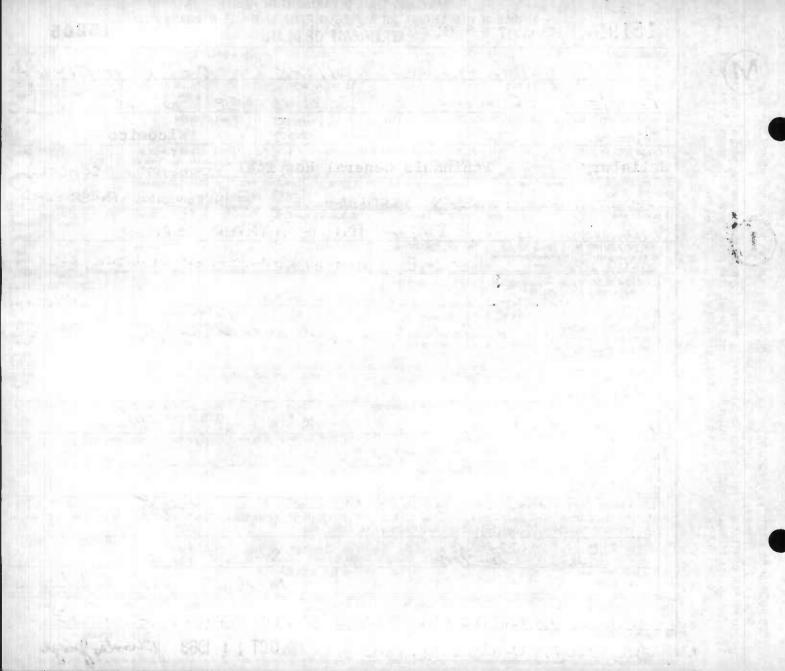
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please perpendicarbon should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, vit

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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adn	nissian STATE Maryland	deceased lived 13b.	COUNTY		Snow Hill YES			DEK	
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	18. CAUSE OF DEATH (En	iter anly ane o	ause per line far	(a), (b), and (c).)		UE TO LE		APPR	OXIMATE N ONSET
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESJON STREET, BALTIMORE, MARYLAND 21201 15195 Items 7 & 8 FilmGuCERTIFICATE OF DEATH 15205 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In yeors IF UNDER 1 YEAR last birthday) Cancasian xecuted within 24 hours of 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED Wicomico DIVORCED [Delaware 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR General Hospital working life, even if retired.) INDUSTRY Salisbury SCHOOL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY HERON WOOD - RIVER ROAD SPAFORD DELA WARE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last DIANE HARPER Spicer Maynard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, arunknawn) (If yes give war ar dates of service) MAYNARD L. SPICER SEAPLAD DEL NONE ar remova The law requires that the death certif en 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ulmonar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if ony, which gave) Good Pastures rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta 6X NONE has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (1) (this hospital) attended the deceased from 10-3-67, 19 saw the deceased alive on 10-10-67, ond that in (my) (and as to 10-10-6.19 and that in (my) (and) apinion death accurred on the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Salishu. NAME (Type) Medical Center directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) ODD FELLOWS CEMETER SPAFORD DELAWARE 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Charles Itson SPAFORD DEZ



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Lost 20. DATE KNOWN 2b. H0UP (Type or Print) RUSSELL deloy is EVON STERLING FSTI-OF Oct. 26 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 3 SEX 2, and ? P.M3. P MonthOct. Doy 26 Male White Jan. 13,1953 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Give Pages 1, country) Maryland U-S-A-WIDOWED [DIVORCED [Wicomica 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give the determination of the property of the Salisbury School 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER odmission) STATE Marvland 136. COUNTY Somerset Crisfield Columbia Ave. YES NO hours ofter Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First William Sterling Ruth Evans pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil None Mr. & Mrs. William Sterling, same as 13 abce APPROXIMATE INTERVAL .= be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY: pending hindtes Fracture of skull IMMEDIATE CAUSE (o)_ nours DUE TO, OR AS A CONSEQUENCE OF uriol-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) removo! 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? please execute the certificate, NO P pe 4 should be cremotion, or 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY A OR CONTRIBUTING SICAL EXAMINER: Single vehicle auto accident (passenger) CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County foctory office building etc.) Rt.# 413 mile North Kingston FUNERAL DIRECTOR: Page Kingston - Somerset - Md. 220. I **certify** that I took charge of the remains described above, held on Autopsy , Inspection 30. Inquiry X, ond in my opinion the funerol director. be retoined deoth resulted from: Notural couses . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Oct. 28, 1968 409 Camden Ave. DEPUTY MEDICAL EXAMINER moy b Health Earl L. Royer Salisbury, Md. NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY DR CREMATORY 0 23o. BURIAL, CREMATION, 23d. LDCATION (City or Town) 23b. DATE (County) Crisfield-Somerset-Md. 29, 1968 Sunnyridge Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bradshaw & Sons - Crisfield, Md. VR A15ME (5) 1968 10M REV. 1/68

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23c. NAME OF CEMETERY OR CREMATORY

Oct. 10,1968 Whaten'T Meth,

Dennis Funeral Home, Snow Hill, Md.

23o. BURIAL, CREMATION,

Buria 24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR 1968

23d. LOCATION (City or Town)

Snow Hill Mar EGISTRAR 256. REGISTRAR'S SIGNA

15207

2b. HOUR

11:30 M

2d. HOUR

11:30 M

12b. KIND OF BUSINESS OR

Rayfield

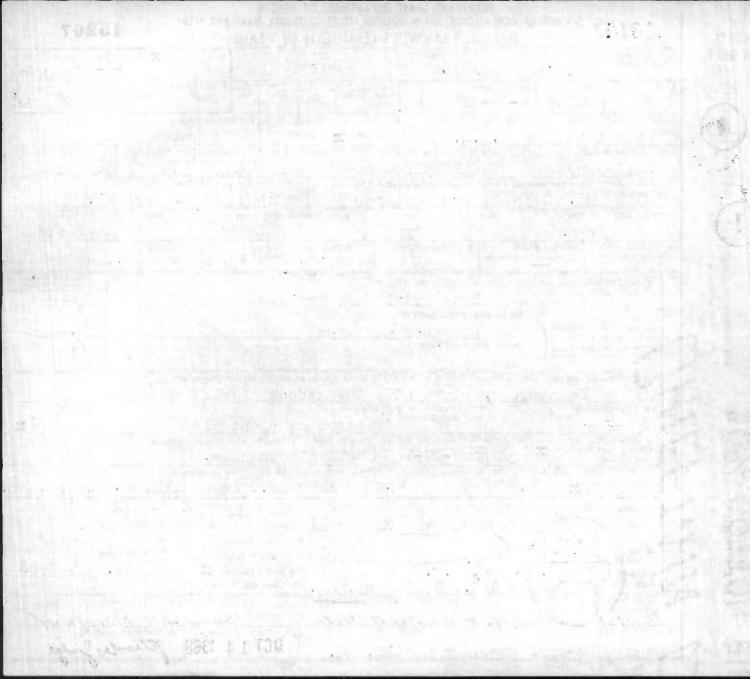
APPROXIMATE MITERIAL

BETWEEN DISET AND DEATH

20. AUTOPSY?

County

YES NO TO



hy delay is 2, and 3 to PM3. Page to Give Pages 1, along with farm after death 24 hours Office Trem pages within pencil File within be executed permit. the Chief Medical This certificate should the ward . = 0 writing be used please execute the certificate. 3 shauld 1 DICAL EXAMINER: may be retained far FUNERAL DIRECTOR:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15208 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE KNOWN DECEASED-NAME First Middle Month Day Year (Type or Print) Dorothy Blanche OF ESTI-Taylor 10 DEATH MATED IF UNDER 24 HRS. 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Oct. 25, 1921 Female White 19 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign MARRIED NEVER MARRIED 9. COUNTY OF DEATH

country)Maryland WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Gen. Hospita quring roos of working life, even if retired.) Salisbury

Wicomico DIVORCED 12a. USUAL OCCUPATION (Kind of work done

Nobia

12b. KIND OF BUSINESS OR Restaurant

Mason

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES NO

ond in my opinion

(State)

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY i comi co admission) STATE Salisbury Franklin Ave. Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle

Marlyn Schoffstall 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO.

17. INFORMANT

Box ADDRESS Preston. Md.

(Yes, na, ar unknown) Mrs. Donald Harding 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Perforation of aorta IMMEDIATE CAUSE (a)

> DUE TO, OR AS A CONSEQUENCE OF Gunshot wound of chest

DUE TO, OR AS A CONSEQUENCE OF

21b. TIME OF INJURY Manth, Day, Year

Insley

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

Canditians, if any, which gave rise ta immediate cause (a).

stating the underlying cause

21a. EXTERNAL CAUSE WAS

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, factory office building, etc.) WHILE AT WORK AT WORK

Gunshot wound of chest

Inspection ,

21f. LOCATION Street or R.F.D. No. City or Town 423 Franklin Street, Salisbury Wic.Md/

220. I certify that I took charge of the remains described above, held on Autopsy K., deoth resulted from: Noturol couses , Accident .

A.

Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER

22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Salisbury.

(County)

Inquiry ,

23a. BURIAL, CREMATION REMOVAL (Specify)

ACTUAL

Philip

23c. NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park

23d. LOCATION (City or Town)

ADDRESS(Street, city, tawn, ar caunty)

Salisbury. Maryland 2Sq. REC'D BY REGISTRAR

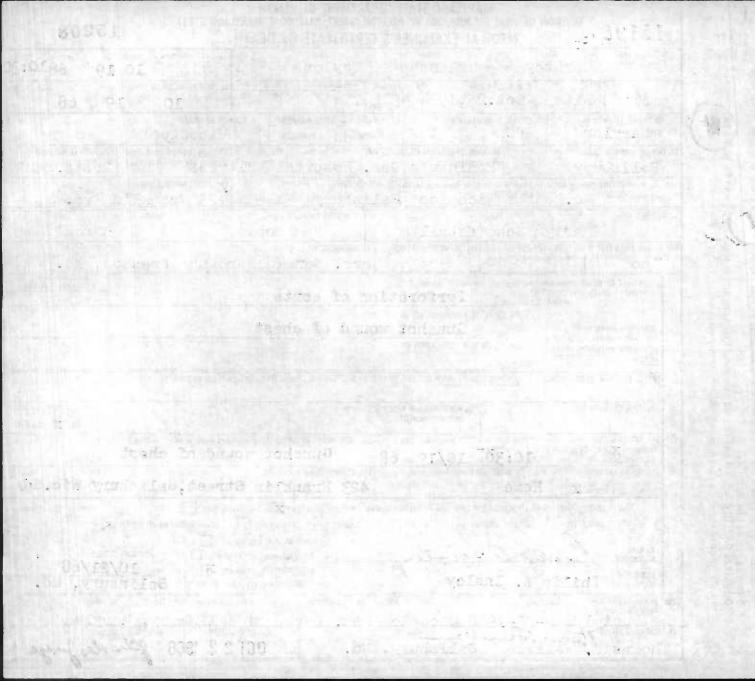
24. FUNERAL DIRECTO Salisbury, Md. Wallace

25b. REGISTRAR'S SIGNATURE

VR A15ME (5)

50

Health



VR AT5 4 30M REV. 1

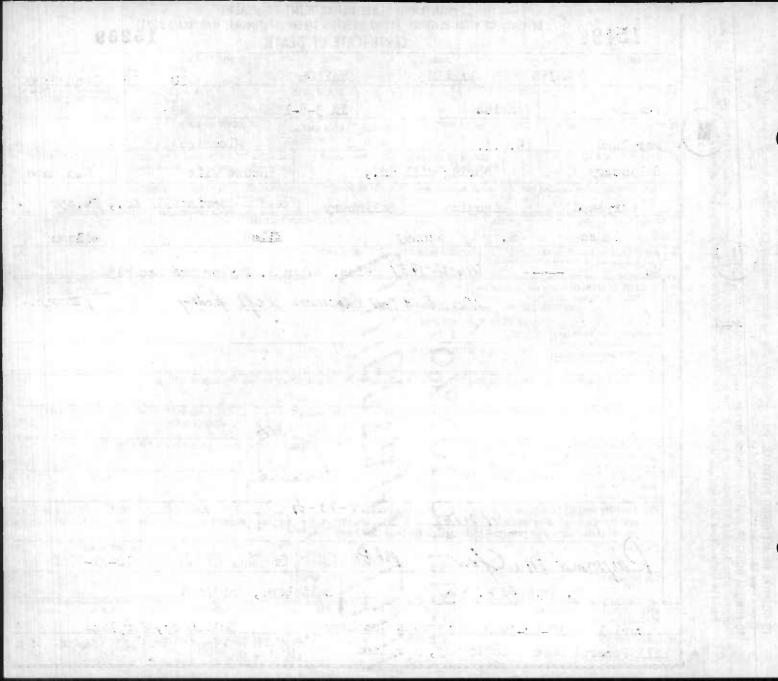
15199

MARYLAND STATE DEPARTMENT OF HEALTH

DI

VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201	
CERTIFICATE OF DEATH	15209	

	DECEASED-NAME Firs	Middle Middle	Last	2a. DATE OF DEATH	2b. HOI
	Type ar print)	ITH WALLER	TAYLOR	Month Day	Year 1968 P:30
3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
L	Female	White	XX 3-6-1880	last birthday) 88 YRS.	months sais
7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	MAKKIEU NEVEK MAKKIEU	9. COUNTY OF DEATH	
1_	Maryland	U.Ş.A.	WIDOWED DIVORCED	Wicomico	
10.	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR INST	TTUTION (If not in haspital 12a. USU)	L OCCUPATION (Kind af wark dane out of warking life, even if retired.)	12b. KIND OF BUSINESS O
-	•				INDUSTRY Home
adn	nission) STATE Maryland	ased lived, if institution: Residence before 13b. COUNTY WICOMICO	13c. CITY OR TOWN 13d. INSIDE CITY IN Salisbury YES NO		., Rt.#50
14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
	James	E. Kenney		en	Wilson
160	n. WAS DECEASED EVER IN U.S. A Yes, na, ar unknawn) (If yes giv	a war as datas of convent	-	Address	
	No -	RIL-12-173		Taylor See Sec	13
	18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (c).) SED BY: DIATE CAUSE (a)	0 1	1. 11.	APPROXIMATE INTERVI BETWEEN ONSET AND DE
	PAKI I. DEATH WAS CAUS	DIATE CAUSE (a) Denseliand	Coll Carcinomi Lo	It hedry	121149
1	1070	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave rise to immediate cause (a)	(b)			
	stating the underlying cause				
	last.	(c)			
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a)	
S	170 X			Tool to use were shiplings of	AUCIDERED III CERTIFICATIO
CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ERI	21a. ACCIDENT WAS UNDERLY	TING 21b. TIME OF INJURY	YES NO	nature of injury in Part 1 or Part 2,	Item 19 \
		EATH HOUR A.M. Manth Day Year	21C. HOW INJUNT OCCURRED (EITHE	native at injuty in rail 1 of rail 2,	mem ro.)
MEDICAL	(If either, natify medical example 21d, INJURY OCCURRED 21	niner) P.M. 19	ORY 1 216 LOCATION Street or D.E.D. Mo	City ar Tawn	County St
	While Nat while at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	211. LOCKHON SHEET OF K.P.D. NO	City of Town	Cooliny
1	22a cortify that (1) (this hospital) attended the decora-	d from 1/= 17 = C7 10	to 10-18 10	6.P that (I) (w
	saw the deceased	this hospital) attended the deceosed alive an 19 ve, (I) (we) (d id) (did nat) view the b	, and that in (my) (our) opi	nian death accurred an the do	te and hour and fro
	causes stated aba	ve, (I) (we) (did) (did nat) view the b	ody after death.		
	22b. SIGNATURE	1 ha (1.	MAD. ATTENDING	IED. C STAFF C	DATE SIGNED
	Kaymanst	III. Gow		IRECTOR L PHYS. L 1	.0-21-1968
	22d. PHYSICIAN'S NAME (Type)	Raymond M. Yow	22e. ADDRESS Salisbury	Manuland	
000	Di		EMETERY OR CREMATORY		(C
230	REMOVAL (Specify)	-		23d. LOCATION (City or Town)	(Caunty) (State)
24	Burial 1	0-22-1968 Parsons	s Cemetery	Salisbury Mar	
	Hill Funeral H		ryland OCT	Y REGISTRAR 256 REGISTRAR'S	The state of



death.

vertarban papers. Pag event, within 72 haurs apletely filled in by

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1	O	6	36	0	

10200-		CERTIFICAT	E OF DEATH		1:	0210	
1. DECEASED-NAME First (Type or pnnt) Norma	an Carroll Middle		lor	2a. DATE OF DEATH 10 Month	3 Doy	1968	2b. HOUR F 5:15M
3. SEX Male	4. RACE White		ate of Birth pril 27, 1	L891 6. AGE (In last birthd	years M	IE UNDER 1 YEAR ONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Md	7b. CITIZEN OF WHAT COUNTRY? $\mathbb{U}_{f a}\mathbb{S}_{f a}$	8. MARRIED N	EVER MARRIED 9. 0	COUNTY OF DEATH Wicomico			Md
10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR IN give street address) Deer's Head		during most	OCCUPATION (Kind of wo of working life, even if	rk dane retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. USUAL RESIDENCE (Where deceased admission) STAIF Maryland	d lived, if institution: Residence before 13b. COUNTY Wicomico	13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS			load	
14. FATHER'S NAME First Jobe	Middle Lost Taylor	15. MO	THER'S MAIDEN NAME First Margare		Middle Jo	nes	Last
16a. WAS DECEASED EVER IN U.S. ARME Yes, na, ar unknawn) (If yes give wor			MANT Clyde Tay		Address Ltlan		MATE INTERVAL
DADT I DEATH WAS CALISED	The cause per line for (a), (b), and (c) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	arcoma					enths
= 2001	OITIONS CONTRIBUTING TO DEATH BUT N	8.00	TERMINAL DISEASE OR COND 20a. AUTOPSY? YES \(\sqrt{NO} \) NO \(\sqrt{NO} \)	20b. IF YES, WERE F CAUSES OF DEATH?		NSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year		NJURY OCCURRED (Enter no	ature of injury in Part 1	or Port 2, Ite	em 18.)	
21d. INJURY OCCURRED While Nat while at wark of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA		ON Street or R.F.D. Na.	City or Town		County	State
22a. I certify that 🐧 (this saw the deceased ali	we on Oct 3 (I) (xxx) (did) (did xxx) view the	19.65, and th	ot in (para (our) opinio	on deoth occurred o	, 19 <u>_6</u> n the date	oo , thot e ond hour	∰) (we) las ond from the
22b. SIGNATURE	Mitchell	DEGREE	ATTENDING MED. PHYS. DIREC	CTOR STAFF PHYS.	-	ATE SIGNED 14/68	07.007
	Mitchell, M. D.	CLIMITED OF COL	Deer's Head	State Hosp			
		ine Par		Baltimore			d (State)
24. EUNERAL DIRECTOR Sun	Princess					was J	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician pardirector, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and to VR A15 (30M REV. 1) 88

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

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certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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1.		EASED-NAME pe or print) O	THO		Middle JAMES	TA	YLOR	2a. DATE (tober	22°	1968		HOUR N
3.	SEX			4. RACE			S. DATE OF BIRTH		14 ACE /1		IF UNDER 1 YE	AR IF UNDE	ER 24 HRS.
	ŀ	fale		Whit	te		Dec. 24, 19	14	lost birthdo	YRS.	MONTHS D	AYS HOURS	MIN.
	. Bl	RTHPLACE (Stote or for ry) Virginia	-	76. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY C		137			Md.
/-		Y OR TOWN OF DEATH	ury	De		State	Hospital during	i ood W		etired.)	12b, KIND INDUSTR' Sea	of Busines	SS OR
1 od	mis	Maryland	re deceose	/3b. Somer		Cr	isfield YES x	10□ 28	Chesap	eake	Aven		
) 14	. FA	THER'S NAME Fir		Middle	lost		. MOTHER'S MAIDEN NAME	First eanette		liddle		lost	1
1/	5a 1	WAS DECEASED EVER II		D EUBLESS	Taylor		NFORMANT	anecce		dress		6	-
1	N	s, no, or unknown)	If yes give wer	or dates of service)	218-16-51		s. Beatrice	W. Tay			s 13.	abco	de
F	-				ne far (a), (b), and (c)						APP	PROXIMATE INTE	ERVAL
Т	1	PART I. DEATH W	AS CALISED	BY: E CAUSE (o)	Bronchopn		a					4 day	
L		485 X			AS A CONSEQUENCE OF								
1		Conditions, if any, wh rise to immediate co		(b)									
		stating the underlyin		DUE TO, OR A	AS A CONSEQUENCE OF								
1	L	OST.	ICANT COND	(c)	TING TO DEATH BUT N	OT DELATED T	D THE TERMINAL DISEASE OF	CONDITION CIV	/ENI IN DADT 1/a)	_		
1	1			scleros:		IOI KELAIED I	D THE TERMINAL DISEASE OF	CONDITION ON	טון ואאז ווע	1			
CEDTICICATION	NO.	9a. DATE OF OPERATIO			ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FI	NDINGS CO	ONSIDERED I	N CERTIFYII	NG
TIEN	2						YES NO 5	CAUS	ES OF DEATH?				
MEDICAL CED		21o. ACCIDENT WAS L ☐ OR CONTRIBUTING ☐ C If either, notify medi	AUSE OF DEATH	HOUR A.M. P.M.	Month Doy Yeor	9	OW INJURY OCCURRED (Ent		jury in Port 1 or	r Part 2, I	tem 18.)		
AAC		21d. INJURY OCCURRE While Not while It work at work	_				OCATION Street ar R.F.D. N		ty or Town		County		Stote
		causes stote	t 🖎 (this eased ali d obove,	hospitol) otto ve on Octo M) (we) (did)	ended the deceos ober 22 (dans) view the	ed from C 19_68, on body after	d that in (164) (our) of death.	oinion deoth	occurred or				we) los rom the
ı		22b. SIGNATURE	tw.	ince	ecout,	MYDEG		MED. DIRECTOR	STAFF PHYS.	22c. I	10/23 Mary	/68	
		22d. PHYSICIAN'S NAME (Type) C	. н.	Winnaco	tt, M. D.		Deer's Hea		-				,
H	Bu	BURIAL, CREMATION, PEMOVAL (Specify)	23b. Da		68 Crist	ield Ce	emetery	Cris	TION (City or To	Some			te)
1.0		UNERAL DIRECTOR			ADDRESS			BY REGISTRAR	2Sb. REC	GISTRAR'S	SIGNATURE	Dander	
1	370	adshaw & S	ions.	Crisfie	ld. Md. 21	817	DATE O	T 2 8	1368	LUC	res!	X	-

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gardess.		507	San Land States	

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filled in by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and compared filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbary papers. I should be filled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 had

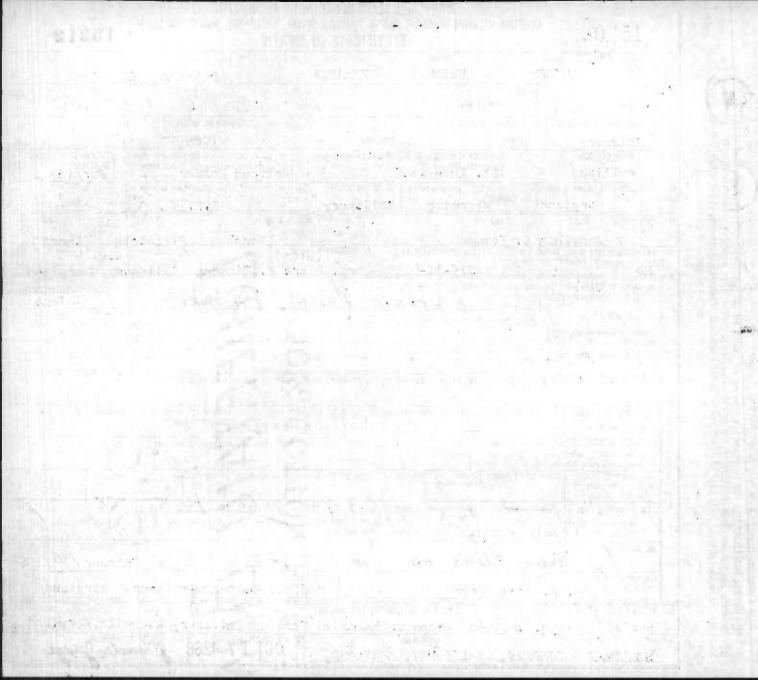
VR A15 (4) 30M REV. 1.68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

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	-		- Fillian	4.4

Deceases where	F: -		46: J.31 -	CENTIFIC	Last	DEATH	2a. DATE OF	DEATH			Tou	HOUR
1. DECEASED-NAME (Type or print)	First LUTH	ED	Middle URIAH	7"	IMMONS			Month Do	ly :	Yeor		HOUR
ELA	LUIN	4. RACE	UKIAN	1.	S. DATE OF E	IDTU	0c	tober 1	IF UNDER	1968	IF UNDER	24 HDC
Male			/hite			y 11,1	882	6. AGE (In years lost birthdoy) YRS.	MONTHS		HOURS	MIN.
a. BIRTHPLACE (State	ar foreign		WHAT COUNTRY?	8. MARRIED	X NEVER MA		9. COUNTY OF	7 110				
De law	are	USA		WIDOWED		RCED	WIC	OMICO				Mo
O. CITY OR TOWN OF Fruit			NAME OF HOSPITAL OR ve street, address)		nat in haspital			(Kind af wark done life, even if retired.) mer		KIND OF USTRY armi	BUSINESS	5 OR
			itution: Residence befor	salis		13d. INSIDE CITY L	IMITS? 13e. ST	D. 4				40
4. FATHER'S NAME	First	Middle	·····			MAIDEN NAME I		Middle			Last	
	Jonatha	n C Ti	mmons			c	arah	Flizabe	+ h	CL	ort	
60. WAS DECEASED E	VER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURIT	Y NO. 17.	INFORMAN (L	life)	ar an	Address	R.D.		 	
Yes, na, or unknow NO	n) (IT yes give v	ar or dates of service)	215-12-6				Timmon	s, Salisb			v1ar	nd_
1B. CAUSE OF E	DEATH (Enter on	ly one couse pe	r line far (a), (b), ond	(c).)	0	1	01				MATE INTER INSET AND (
PART I. DEA	ATH WAS CAUSE IMMEDIA) BY: NTE CAUSE (a)	Chro	NIC	Ker	D/ 1	A1/1)	Ri=		2	gr	2~
582	X	DUE TO, C	R AS A CONSEQUENCE	OF	÷						V	
Conditions, if an		(b)_				- 32				701		
rise to immedia		1 /-	R AS A CONSEQUENCE	OF		100						
last.)	(c)_										
PART 2. OTHER	SIGNIFICANT COI	IDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED T	O THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART I(o)				
573×												
19a. DATE OF OPE		CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a. AUT YES		CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDER	ED IN C	ERTIFYIN	G
21a. ACCIDENT V	G CAUSE OF OEA	H HOUR A.	E OF INJURY M. Manth Day Ye M.		OW INJURY O	CCURRED (Ente	er nature af inju	ry in Part 1 or Part 2	, Item IB.)	1	
21d. INJURY OC While Nat v	CURRED 21e.	PLACE OF INJUS			OCATION Stre	eet ar R.F.D. No	i. City	or Town	Count	ty	9	State
		is hospital)	attended the decer	ased from.	9-19	. 19_	68, to	10-5 1	968	that	(I) (w	ve¥ las
saw the	deceased a	live an	attended the dece	19 6 8, an	d that in (r	ny) (our) op	inian death	accurred an the d	ate and	haur	and fr	om th
canses	stated abav	e, (I) (w/e) (di	id) (did nat) view th	ie bady after	death.				C Sec			
22b. SIGNATURE	12	an /	ewy me	> DEG	REE PHYS.	ING P	MED. DIRECTOR	CTACE	DATE SIG		41	1968
22d. PHYSICIAN' NAME (Type	1	Gray	Reeves		22e. AD Me		Center,	Salisbur	y, Ma	ary1	and	
23a. BURIAL, CREMATI				OF CEMETERY OF	CREMATORY			ON (City or Town)	(Cour		(Stote	
REMOVAL (Specif		t. 16,1		nico Mem	noria1	Park	Salis	bury, Wicon			ylar	nd
24. FUNERAL DIRECTO			ADDRI			25a. SECD	BY REGISTRAR 19	25b. REGISTRAR	'S SIGNAT	URE	1.0	
HOLLOW	AY & CO	MPANY,	SALISBURY	, MARYL	AND	DATE	T (19	and home	MA	Jus	7	



FOR STATE EALTH DEPT.

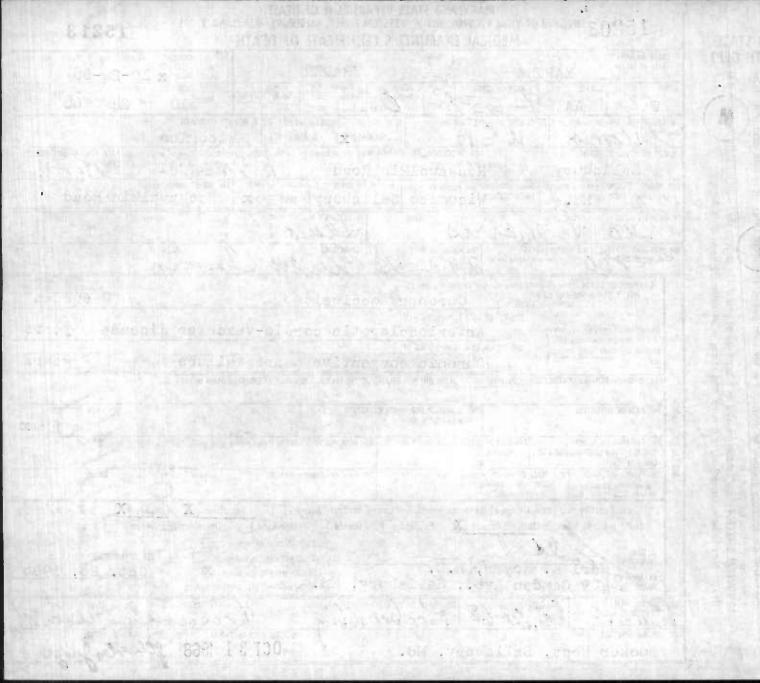
necessary, please execute the certificate, writing the ward "pending" in pencil in term 18. Give Pages 1, 2, and 3 to the funeral director Page 4, 2 hand 4 charled by the funeral director Page 4, 2 hand 4 charled by the funeral director Page 5, 2 hand 4 charled by the funeral director Page 6, 2 hand 4 charled by the funeral director Page 7, 2, and 3 to the funeral director Page 1, P.M.3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Descriment af miller Office along with farm Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. the funeral director. Page 4 shauld be farwarded to the Chief Medical Ex 5 may be retained far yaur files.

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			11110010110 014			V			
1.	DECEASED-NAME (Type or Print)	First		Middle	Last		20. DATE KNOWN Month	Doy Year	2b. HOUR
	(Type of Timi)	MARTI	IA A		TRADER		DEATH MATED 10-2	24-6819	M
3	. SEX	4. RACE	DATE OF BIRTH	6. AGE (In year	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	2c. DATE PRONOUNCED DEAD		2d. HOUR
	F	AA T	1-25-78	10	RS.	HOURS MILE	Month 10 Day 21	+ Year 68	M
	a. BIRTHPLACE (Stot	e or foreign 7b.	CITIZEN OF WHAT COUNTRY	? B.	MARRIED NEVER MA	RRIED 9. CO	UNTY OF DEATH	4-11	
W	UCO LCO	mios	WSA	W	IDOWED TO DIV	ORCED 🗌	Wicomico		Md.
10	. CITY OR TOWN O	F DEATH			ION (If nat in hospita	12a. USUAL D	CCUPATION (King of work done	12b. KIND OF BU	SINESS OR
	Sal	isbury	give street addres	walkin			of working life, even if retired.)	INDUSTRICY	es
13			lived, if institution: Reside	ence befare 13c. C		3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	. D	
1	admission) STATE	Md,	3b. COUNTY Wicon	nico Sa	lisbury	YES NO X	Rockawalki	n Road	TELE
11/	FATHER'S NAME	THE ST	Morris	Last	15. MOTHER'S MA	IDEN NAME First) Middle	Las	st
16	o WAS DECEASED EV	VER IN U.S. ARMED FOR (If yes give wor o		SECURITY NO. 36-5075	17. INFORMANT	loud_	Isualy		
	1B. CAUSE OF	F DEATH (Enter only or	ne cause per line far (a), (b), and (c).)		1		APPROXIMAT BETWEEN ONSE	
	PART I. I		CAUSE (a) COT		occlusio	n		sudo	
1	410	9	DUE TO, OR AS A CONSE	QUENCE OF					14.14
		arly, which gave	(h) Arten	rioscle	rotic ca	rdio-va	scular disea	se ye	ears
		diote couse (o), (DUE TO, OR AS A CONSI						
	last.)	(c) Chror	nic con	gestive	heart f	ailure	y e	ears
	PART 2. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
1	4201				PLATE SALE	A KILLIN			
S E	190. DATE OF	OPERATION		TION FOR WHICH PERFORMED?	OPERATION	43 K A		20. AUTOPS	.Y? -
	190. DATE OF C		WAS	EKPUKMEDI	OBSTRUCTOR	APP MORNING		YES 🗀	NO 🔼
		OR CONTRIBUTING	21b. TIME OF INJURY Mon HOUR A.M. P.M.	th, Day, Year	21c. HOW INJURY O	CCURRED (Enter nate	ure of injury in Part 1 or Part 2, It	em 1B.)	
1	21d. INJURY OC	CURRED 21e. PLAC	E OF INJURY (At home, far		21f. LOCATION Street	ar R.F.D. Na.	City ar Town	Caunty	State
	WHILE AT WORK	NOT WHILE TO TOCTORY	, affice building, etc.)						
			charge of the remain	s described ab	ave, held an Auto	apsv 🗀 . In	spection X, Inquiry X	, and in m	ny apinian
	7	,	Natural causes X,	Accident 🗍		Hamicide	Undetermined manner		
		10-	1		, CH	IEF MEDICAL EXAMIN	VER 🗍		
	ACTUAL SIGNATURE	1/2	- 1		M.D. AS	SISTANT MEDICAL EX	AMINER 22b. DATE		
	EVA SAMEED'S		Royer M.		DE	PUTY MEDICAL EXAM	AINER 🖾 Oct	. 28,	1968
4	NAME (Type)		len Ave.,	Salisbu	iry, Md AD	DRESS(Street, city, to	awn, ar county)	1354	Market Co
1	39. BURIAL, CREMA REMOVAL (Spec	cify() /eT	58-18 234	NAME OF COMETI	ERY OR CREMATORY	23,6	LOCATION (City or Town)	(County) ((State) Staff
-	24. FUNERAL DIRECT		000-1	ADDRESS	- ocpa-	2Sq. REC'D BY RE	EGISTRAR 2Sb. REGISTRAR'S	SIGNATURE	0,114
1	Booke	r West.	Salisbury	. Md.	√	DATE OCT 3	1 1968 Rolling	Mas Que	ac.
11			U	•					-



VR A15 (4) 45M · 1/69

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	5	2	1	4	
prints	0	500	mile.	The same	

Ttems 5.6 Film	G 407 12/6	/68 11w	CERTIFIC	ATE OF	DEATH			1	.521	4
(Type or print)	irst	Middle		Last		2a. DATE OF		-Dev	Yetro	2b. HOUR
FRAN				VAN		Octob	perMonth		1968	6:00P
. SEX	4. RACE			S. DATE OF B	IRTH		6. AGE (In ye		ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
Male	Whit	е		Apri	7 1. 78	181,	8),	YRS.	UNIHS UATS	HOURS MIN
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED 9	COUNTY OF				
NEW YORK	U.S.A	7.794	WIDOWED		RCED 🗍	WICO	VICO			M
). CITY OR TOWN OF DEATH	11. NA/	ME OF HOSPITAL OR INS	TITUTION (If no	t in hospitol	12a. USUAL	OCCUPATION		dane	12b. KIND OF	BUSINESS OR
Salisbury	give st	reet oddress) r's Head	State I	Joenit	during mas	NONE	life, even if re	tired.)	INDUSTRY	DOSINESS OR
Ba. USUAL RESIDENCE (Where de	ceosed lived, if institution	n: Residence before	13c CITY OR	TOWN	13d. INSIDE CITY LIM		REET AND NUM			
dmission) STATE	136. COUNTY				YES-K NO	100.01.	CEL MID HOM	DEK		
Maryland 4. FATHER'S NAME First	Middle	merset Lost		Lover		_	101	1.0		
			12.		AIDEN NAME FIR		Mil	ddle		Last
BERTON	KANSHIVE				NNIE A	SHTON				
60. WAS DECEASED EVER IN U.S. Yes, no, ar unknown) (If yes s	rive war or dates of service)	16b. SOCIAL SECURITY N		FORMANT				lress		NT X/
]	10		MR	. FRA	NK KAN	SHIVE	R GL	OVER	SVILI	
18. CAUSE OF DEATH (Enter	anly ane cause per line									MATE INTERVAL DISET AND DEATH
PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (a)	Bronchopn	neumoni	a						3 days
4129		A CONSEQUENCE OF								
Conditions, if ony, which ga	ve)	Arterioso	eleroti	c card	liovas c	ılar di	sease		Year	rs
rise to immediate cause (stating the underlying cau		A CONSEQUENCE OF							200.	
lost.	se (c)	N CONSEQUENCE OF								
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT NO	OT PELATED TO	THE TERMINA	L DISCASE OD CO	NDITION CIVEN	INI DADT 1/-1			
1477:	CONDITIONS CONTRIBOT	NO TO DEATH BOT NO	NELATED TO	THE TERMINA	IL DISEASE ON CO	INDITION GIVEN	IN PART I(U)			
19g. DATE OF OPERATION 1	9b. CONDITION FOR WHIC	LI ODEDATION WAS DED	DECIDATED	20o. AUTO	מרעים	205 15	YES, WERE FINE	VINCE CON	CIDEDED IN CE	EDTIEVING
S INC. DAIL OF OFERALION	70. CONDITION TOK WILL	II OFERATION WAS FER	KTOKMED				OF DEATH?	JINGS CON.	SIDEKED IN CE	EKIIFTING
210. ACCIDENT WAS UNDER	VINC Ton Stars of		1	YES	ليخط					
		Month Day Year	21c. HO	W INJURY OC	CURRED (Enter I	nature of injury	y in Part 1 or I	Port 2, Iter	m 18.)	
(If either, natify medical exc	ominer) P.M.	19								
ZIG. INJURT OCCURRED	The PLACE OF INJURY	AT HOME, FARM, STREET, FACT	TORY,) 21f. LOC	ATION Street	et or R.F.D. Na.	City	or Town		County	Stote
at wark at work										
22a. I certify that (M) saw the deceased	(this haspital) atter	nded the decease	d from Ju	ne 24	, 19 6	8 , to UC	cober 2	919	68 , that	4) (we) las
saw the deceased	alive an Octob	er 29	9.68, and	that in (*	(aur) opin	ian death a	ccurred on t	he date	and haur	and fram th
causes stated abo	ave, (X (we) (did) (Adhot) view the b	oady offer d	eath.						
22b. SIGNATURE	1/08	112/	.11	ATTENDI	NG MEI	0 —	STAFF -	22c. DAT	SIGNED CO	•
Mar	m C/	fulh	M DEGRE	E PHYS.	DIR	ECTOR L	PHYS.		/30/68	
22d. PHYSICIAN'S NAME (Type) And	rew C. Mito	shell M	n	22e. ADD			di la la		Maryla	
innini (19pe) Atti	ION O. MILU	THELL, M.	17.4	Deer	's Head	State	Hospit	al,	Salisb	ury,
	b. DATE	23c. NAME OF C				23d. LOCATION	(City or Tawr	1)	(County)	(State)
BUMP WALAS Tecify)	10/4/1968	PROSPE	CT HI	LL CH	EM.	GLOEF	SVILL	E, N	Y.	
4. FUNERAL DIRECTOR		ADDRESS			2So. REC'D BY	REGISTRAR	2Sb. REGIS	TRAR'S SIG	GNATURE	
LEVIN R. WI	LSON PRT	NCESS AN	NE. M	D.	DATE NOV	6 19	GR M	Clim	la Que	dat.

TOTAL THE PROPERTY OF THE PROPERTY O The state of the s Network of the Park of the Par

15205

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the hospital ar attending physician.

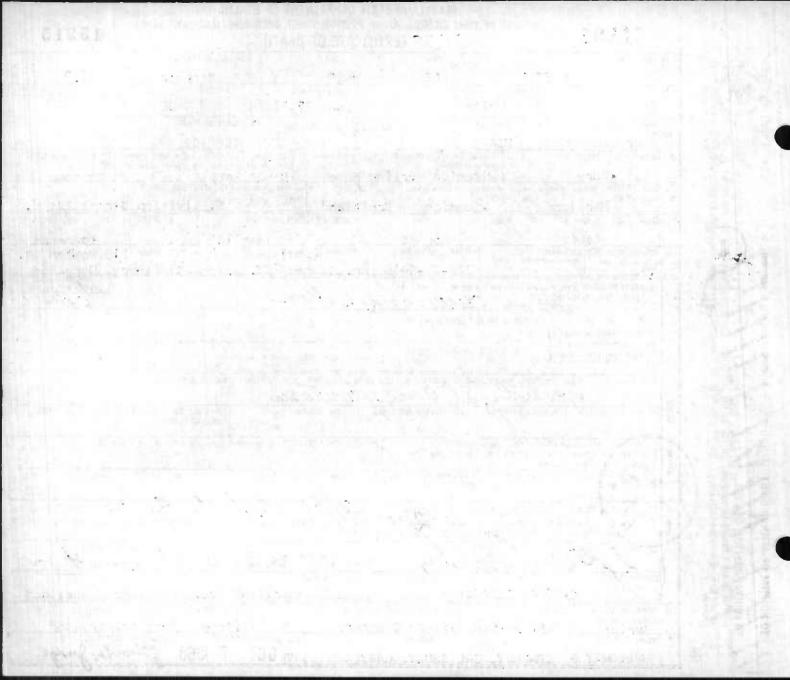
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours a

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED-NAM (Type or print	1		Middle		Last	1	20. DATE OF DEA		Doy Year 2 19	2b. HOUR 6:25P.
	MA	TTIE	MAE		ARD					68
3. SEX		4. RACE	.014		S. DATE OF BIR		0.	AGE (In years ast birthdoy)	MONTHS OA	
Femal		Whi			June 2			- 110	S.	
To. BIRTHPLACE	(State ar fareign	7b. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED	NEVER MARK	RIED 9. C	COUNTY OF DEA	ATH		
country) Mary	/land	USA		WIDOWED	DIVOR	CED 🗌 🕨	VICOMIC	0		Md.
10. CITY OR TOW	N OF DEATH		AME OF HOSPITAL OR IN	STITUTION (If nat	t in haspital	12o. USUAL O	CCUPATION (Kir	nd of wark done		OF BUSINESS OR
Sali	sbury		street address) Comico Nur	sina H	ome	House		even if retired.		home
			ion: Residence befare		OWN I	3d. INSIDE CITY LIMITS?		AND NUMBER	. 1 01	поше
admissian) STA	Maryland	13b. COUNTY	licomico	Fruit	land	YES NO	S. Di	ivision	Street	Eveld
14. FATHER'S NA		Middle	Lost			DEN NAME First	J • D	Middle	or eer	Last
1 11 11 11 11 11 11 11 11 11 11 11 11 1		Middle		3.77	morrier 5 mm				50 L 59	
14 - MAC DECEA	Lewis SED EVER IN U.S. AR	MED CODCESS	Bounds 16b. SOCIAL SECURITY	NO 117 INI	FORMANT (Se	Ame	elia	Address		wrence
Yes, no, or un	known) (If yes give	war or dates of service)							419 Ne	wton St.
No			212-03-54	+10 Mr	Clare	ence T.	White,	Şalisbı	ury, Ma	ryland ROXIMATE INTERVAL EN ONSET AND DEATH
		nly ane cause per lir	ne for (a), (b), and (c):	1	00				BETTY	EN ONSET AND DEATH
PARI	I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	accine	ma	Coto	2,			6	mos,
15	38		AS A CONSEQUENCE OF							
	, if any, which gave) "								
	mediate cause (a), o underlying cause		AS A CONSEQUENCE OF							
last.	a nugerifing cause	(c)	o il consequence of							
PART 2. 0	THER SIGNIFICANT CO		TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CONT	DITION GIVEN IN	PART I(n)		
1525	2 60	neide	of Qu		milo					
19a. DATE O	F OPERATION 196	CONDITION FOR WH	ICH OPERATION WAS PE		20g. AUTOF		20b IF YES	WERE FINDINGS	CONSIDERED IN	N CERTIFYING
A I				NI O MILEO	YES _	NO 🗍	CAUSES OF			
210 ACCID	ENT WAS UNDERLYI	NG 21b. TIME OF	C INTUDV	Tale HOL		JRRED (Enter no	tura of injuny in	Dart 1 or Dart 1	2 Itam 10 \	
	BUTING CAUSE OF DEA	a to. Time of	Manth Doy Year	210. 1100	W INJUKT OCCU	JKKED (EIIIeI III	note of injury in	I FUIL I UI FUIL	2, 110111 10.)	
	notify medical exam		11							
	Y OCCURRED 21e	. PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street	or R.F.D. Na.	City or 1	lown	County	State
di work	di work				-10		2 1	-	1	
22a. 1 ce	ertify that (I) (tl	nis haspital) atte	ended the decease	ed fram	8/2/	_,1%_				nat (I) (we) last
saw	the deceased	alive an	10-0	9 <i>21</i> , and	that in (my	r) (aur) apinia	an death accu	irred an the	date and ha	ur and from the
		e, (I) (we) (gld)	(did nat) view the	bady after de	eatn.			1 00	D. 1	
22b. SIGNA	TURE	1. 160	1/1/1		ATTENDING	MED.	S1	AFF C	c. DATE SIGNED	16
	rece	1 Hell	1 pg	DEGRE			CTOR L PI	HYS. LIOC	ctober	/ 1968
22d. PHYSI	(Tuna)	1			22e. ADDF					
	Dr.	arl Bear	dsley		211	Marylan			oury, M	aryland
23a. BURIAL, CR		DATE	23c. NAME OF	CEMETERY OR C	REMATORY	2	3d. LOCATION (City or Town)	(County)	(State)
REMOVAL (al 00	ct. 5,196	8 Siloam	Cemeter		S	Siloam,	Wicomic	co, Mary	1 and
24. FUNERAL DI			ADDRESS			2So. REC'D BY R	EGISTRAR	2Sb. REGISTRAS	R'S SIGNATURE	
HALL	ALIAV E	OMPANY	VALIDOT IAS	MADVI	AND	DATE OCT	7 196	18 900	carles ?	udar

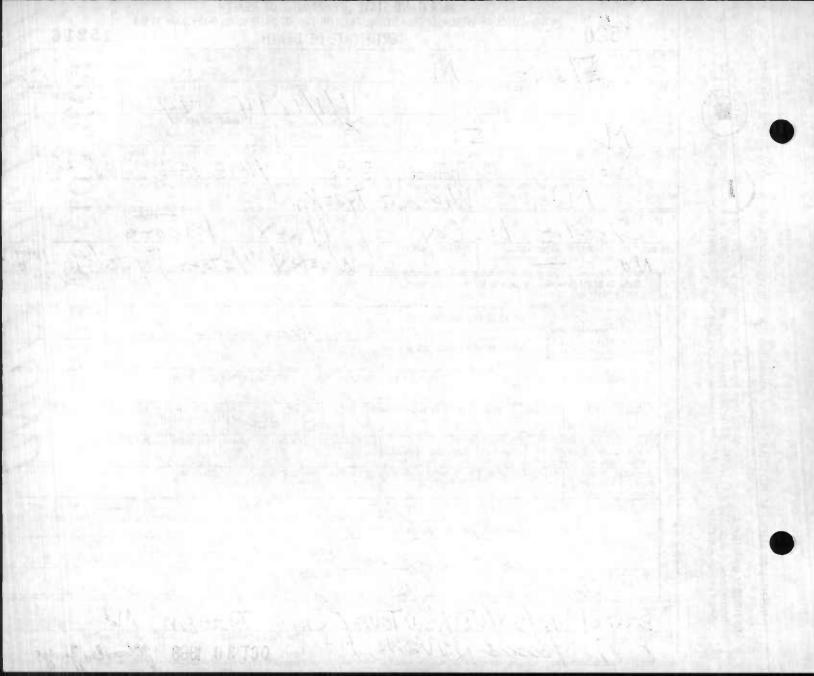


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	10400	CE	KIIFICALE OF DEATH		10010
	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
(1	ype or print) - Z/n		Waters	October 2	C 1010/123
3. SE	X 4.	RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
1	com a la	Negno	1/1/10/9	Inst birthdoy)	MONTHS OAYS HOURS MIN
70 5	BIRTHPLACE (Stote of foreign 7b. 0	1 1		9. COUNTY OF DEATH	
	itry)	91	MARRIED NEVER MARRIED		
	10	/ -	WIDOWED DIVORCED	Wicomico	Mo
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT	TUTION (If not in hospitol 120. USU)	AL OCCUPATION (Kind of work done of working life everyif retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	Salisbury	General		fousewite.	own Home
130.	USUAL RESIDENCE (Where deceased liv		3c. CITY OR TOWN 13d. INSIDE CITY LI		
odmi	ssion) STATE 1:	3b. COUNTY WICOUNTS	D YZSKIYES NO		
14. [ATHER'S NAME, First	Middle Lost	15. MOTHER'S MAIDEN NAME F	irst A Middle	Lost
	Ch24/05	Mr. (N)	MZXX	100+8	
160.	WAS DECEASED EVER IN U.S. ARMED FO	ORCES? 16b. SOCIAL SECURITY NO.		Address	1. 1/1
Y	es, no for ulknown) (If yes give wor or do	ites of service)	11/e.5/e.V	Matax /V	75 Kin N/
	700		10000	y aless y	APPROXIMANE INTERVAL
17	 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: 	0.1	1.	,	BETWEEN ONSET AND GEATH
	IMMEDIATE CA		serdeal Intore	fene	
	4109	DUE TO, OR AS A CONSEQUENCE OF	, , ,	- 0	
	Conditions, if ony, which gove	(b) asterios	seleste Cordios	resculer besen	e e
	rise to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		Hara San Landson	Carlot of the
	last.	(c)			
	PART 2. OTHER SIGNIFICANT CONDITION		RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(o)	
	4201	2. later mul	1:		
CERTIFICATION	190. DATE OF OPERATION 196. COND	ITION FOR WHICH OPERATION WAS PERFO	DRMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
A	775. 54.12 61 61 54.44.164.		YES NO P	CAUSES OF DEATH?	
ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		r noture of injury in Port 1 or Port 2,	Itam 101
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor	ZIC. HOW INJOK! OCCORRED (EITIE	r notice of injury in Port 1 of Port 2,	nem 10.)
MEDICAL	(If either, notify medical examiner)	P.M. 19			
2	21d. INJURY OCCURRED 21e. PLAC	E OF INJURY (AT HOME, FARM, STREET, FACTOR	RY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County Stote
	of work of work				
	22a. I certify that (I) (this ha	espital) attended the deceased	from 10-11, 19 6 6, and that in (my) (our) opi	et, to 10 - 25,79	that (1) (we) las
	saw the deceased alive	on 10-25-19	and that in (my) (our) opi	inion deoth occurred on the de	ate and hour ond from the
		(we) (did) (did not) view the ba	lay after deoth.	1 00	DATE CIGNED
	22b. SIGNATURE	1//2	ATTENDING IT A	MED. STAFF	DATE SIGNED
	1	min. Cott	(a a table	DIRECTOR PHYS.	0-21-68
13	22d. PHYSICIAN'S NAME (Type)	1/8/1/8/10	22e. ADDRESS	18.11	0 a.L. w
	MAINE (Type) Ame	L.CLITTOR	() Menca	I Charles de	mong Mel
230.	BURIAL, CREMATION, 23b. DATE	235 NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Stote)
	Boyl Specify 10	28/68 New/	own Cem.	1425 (M), N	10
24.	FUNERAL DIRECTOR	ADDRESS /		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	CJ/1/182	ser 101Vall	DATE OF	CT 3 0 1968 RCL	conla ludge

by the tuneral ones. I am 2 aur's after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and fonaletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 in the state Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 A 30M REV. 1



funeral 1 and 2 death.

and completely filled fin by

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, Page 4 may be retained by the haspital ar attending physician.

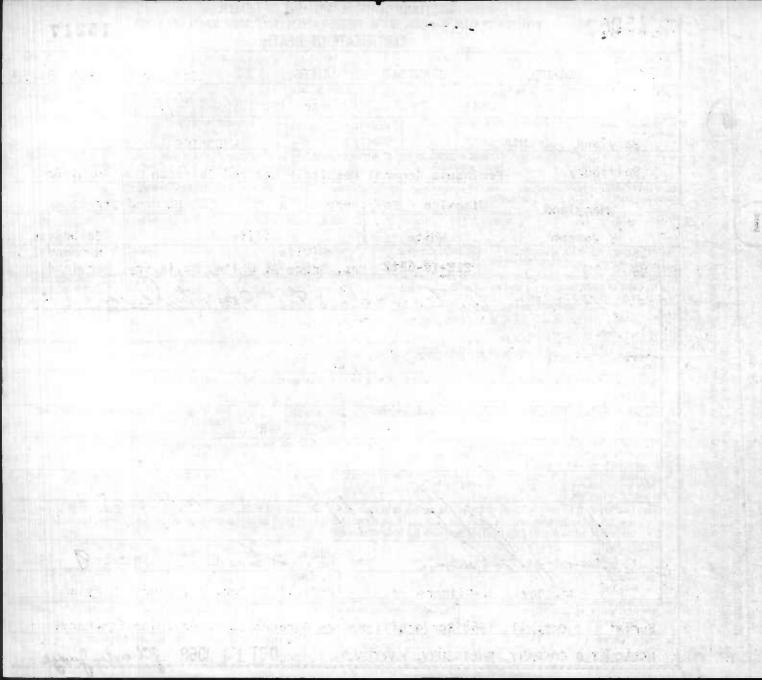
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15217

				EKIITICA	ALE OF DEALE				
1. DECEASED-NAME	First		Middle	31 V.	Lost	2o. DATE O		V	2b. HOUR
(Type or print)	SAML	JEL	CRAWF	DR D	WHITE		October 8	1968	3:05P
3. SEX		4. RACE			5. DATE OF BIRTH		6. AGE (In years lost birthdoy)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
Male		Wh	ite		January 19,	1896	72 YRS.	MONINS ONIS	nouks min
70. BIRTHPLACE (Sto	e or foreign	7b. CITIZEN OF WH.	AT COUNTRY?	8. MARRIED X	NEVER MARRIED	9. COUNTY O	F DEATH		
country) Mary	1and	USA		WIDOWED		WICO	MICO		Me
10. CITY OR TOWN C	sbury	11. NA give st	ME OF HOSPITAL OR IN: treet oddress) insula Ger	STITUTION (If no	in hospitol 120. US	most of working	N (Kind of work done g life, even if retired.) a lesman	12b. KIND OF I INDUSTRY Furnit	
		ed lived, if institution	on: Residence before	13c. CITY OR	OWN 13d. INSIDE CIT		TREET AND NUMBER	Trui iii c	. di C
odmission) STATE	Maryland	1 13b. COUNTY W	icomico	Salisb		NO 5	24 Hammond	Street	
14. FATHER'S NAME	First	Middle	Lost	+	MOTHER'S MAIDEN NAME		Middle		Lost
	Joseph		White		Wi	11ie		Seabr	ease
160. WAS DECEASED	EVER IN U.S. ARM	AED FORCES?	16b. SOCIAL SECURITY I	NO. 17. IN	FORMANT(Wife)		Address 5	24 Hammo	ond St.
Yes, no, or unkno	WIT) (It yes give w	var or dates of service)	212-18-6	112 Mr	s. Grace A.	White,	Salisbury	, Maryla	and
	DEATH (Enter on	ly one couse per lin	e for (0), (b), and (c).)	0 -1 -	0/	40:	APPROXIN BETWEEN OF	MATE INTERVAL NSET AND OEATH
	EATH WAS CAUSE		Wen	occl	crotice	Hans	renies	ere !	- Zyn
412	9		S A CONSEQUENCE OF						
	ony, which gove		o it contracting of						
	liote couse (o), (nderlying couse(S A CONSEQUENCE OF						
last.	denying couse	(c)							
PART 2. OTHE	SIGNIFICANT COL	NDITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIV	EN IN PART 1(o)	TITTLE	e Colle
= 4200									
190. DATE OF O	PERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALLS	IF YES, WERE FINDINGS (ES OF DEATH?	CONSIDERED IN CE	RTIFYING
210 ACCIDENT	WAS UNDERLYIN	NG 21b. TIME OF	INHIPY	121c HO	W INJURY OCCURRED (Er		ury in Port 1 or Port 2	Item 1R1	
	NG CAUSE OF OEAT	TH HOUR A.M.	Month Doy Year		W MOOKY OCCORNED (E)	ner nordre or m	ory an Port 1 of Port 2,	110111 10.)	
OR CONTRIBUT	fy medical examin	ner) P.M.	AT HOME, FARM, STREET, FA	7 CTORY. \ 21f IO	TATION Street or R.F.D.	No Cit	y or Town	County	Stote
While No		TERCE OF INSORT	OFFICE BUILDING, ETC.	7 11. 10.	/ SHOW SHOW OF KILL.	. 0	101101111	Coolin	0,0.0
	work (1) (th	is hasnital) atta	ended the decease	ed fram	10/5 19	60 ta	10/0 19	68 that	(I) (we) las
saw th	ne deceased a	live on	0/1	9 6 0 and	that in (my) (aur) o			ate and haur o	and fram th
cause	stated abave	a, (I) (we) (did) ((did nat) view the	bady after d	eáth.				7177
22b. SIGNATUR	7 (18.1			ATTENDING (*)	MED.	CTACE	DATE SIGNED	/1968
110	tung,	7/24	more	DEGRE	E PHYS.	DIRECTOR	PHYS. L. OC	tober 7	/ 1900
22d. PHYSICIA NAME (Ty	1/	David I	0.1.1		22e. ADDRESS	contor	Calichury	Marylar	nd
	DI •	David J.		Crimere			Salisbury,		
230. BURIAL, CREMA REMOVAL (Spe Buria)	:()		23c. NAME OF				ION (City or Town)	(County)	(Stote)
Burial 24. FUNERAL DIRECT		t. 11, 19	68 Spring		mory Garder	ns Salis D BY REGISTRAR	2Sb. REGISTRAR'S		yrand
		MDANY CA				CT 14		man Que	
HULLUW	AT G LUI	THANT, SA	LISBURY,	HAK LEAN	DATE	01 14	IUUO KUU	may Vac	del.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 baurs VR A15 30M REV.



TO DEPUTY

VR A15ME (5) 10M REV. 1/68

Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

15208

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		MILDIC	ME ENVAINTINE		PICITION I	91 01						
1. DECEASED-NAI			Middle		last			2a. DATE KNO	, –		Year	2b. HOUR
(vipe at this	MAM:	IE	EVELYN		WILLIAM:	S		DEATH MAT		28	1968	8:55 M
3. SEX	4. RACE	S. DATE OF BIRT	TH 6. AG	(in years	MONTHS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE PRON			11-0-	2d. HOUR
Fema1e				hirthday) 72 YR:				Month	r 28	Yea	1968	8:55 M
	(Stote or foreign	7b. CITIZEN OF WHA	IT COUNTRY?		ARRIED NEVER MA		9. COUN	ITY OF DEATH				
	ry1and	USA		WIE	DIV DIV	ORCED _		WICOM				Md.
10. CITY OR TOV			ME OF HOSPITAL OR IN reet address)	STITUTIO	N (If nat in haspita			UPATION (Kind warking life, e			D OF BUSI	NESS OR
Sa	lisbury	Peni	insula Gen	eral	Hospita		rimme		ven ii reineu.j	Shir	rt Fa	ctory
13a. USUAL RES	SIDENCE (Where deceas	ed lived, if institut	ian: Residence befare	13c. CIT	Y OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AN	D NUMBER			
admission)	STATE Marylane	d 13b. COUNTY W	comico	Fru	ii tland	YES N	40 🔲	Brown	Street	Ī.		
14. FATHER'S NA	ME First	Middle	Last		IS. MOTHER'S MA	AIDEN NAME	First		Middle		Last	
	Joseph		Ennis			(Clari	ssa		Smu	llen	
16a. WAS DECEAS	SED EVER IN U.S. ARMED I		16b. SOCIAL SECURITY N	0.	17. INFORMANT(G	randso	on)	/ neath	ADDRESS 101	Jewe	ell S	t.
(Yes, na, ar un	nknawn) (If yes give	war or dates of service)	212-12-363	8	Mr. Dona	1d L.	Wi11	in, De	lmar, [)elawa	are	
18. CAUS	SE OF DEATH (Enter on	y ane cause per lin	e far (a), (b), and (c).)			11 A 11				A OFT	APPROXIMATE I	NTERVAL AND DEATH
PAR	T I. DEATH WAS CAUSED	BY:	Carbon	mon	oxide p	oiso:	ning	5		-	nour	
87	4X		AS A CONSEQUENCE OF			100				51 1		
	s, if any, which gave	(b)								11 03		
	nmediate cause (a), (he underlying cause (AS A CONSEQUENCE OF		18 Jan 19	Dr. Garage					71	FAX
last.	and distanting coose	(4)										
PART 2. 01	THER SIGNIFICANT COND	ITIONS CONTRIBUTION	NG TO DEATH BUT NOT	RELATED	TO THE TERMINAL	DISEASE OR (CONDITION	I GIVEN IN PAR	T 1(a)			
890	0											
19a. DATE	OF OPERATION		19b. CONDITION FOR W	HICH OF	PERATION					20	. AUTOPSY	?
FEC			WAS PERFORMED?							55.4	YES 🗍	NO X
	RNAL CAUSE WAS		NJURY Manth, Day, Yea		21c. HOW INJURY C	CCURRED (En	nter nature	of injury in P	art 1 or Part 2,	Item 18.)		0.7
PRIMARY CAUSE OF 21d. INJUR	OR CONTRIBUTING	HOUR A.N	10-28+6		Faulty						nome	
21d. INJUR	RY OCCURRED 21e.	PLACE OF INJURY (A	t hame, farm, street,		21f. LOCATION Stree	t or R.F.D. No	l .	City or Ta	wn	Count	ſΥ	State
AT MORK MHILE	NOT WHILE A de	ctory, office building	s home	I	Brown &	Main	Sts	s., Fr	uitla	nd. I	Wic.	. Md.
	a. I certify that I t							pectian X,	Inquiry			apinian
100			es , Acciden		Suicide .			-	ined manne			apiigii
dedi	60	1	, Acciden	1		HEF MEDICAL			mod mamic	•		
ACTUAL	land	4	12/	100		SSISTANT MED			22b. DA	TE SIGNED		
SIGNATU	m - 1 1	Royer,	MAD.		111.57.	PUTY MEDICA		and the same of th		ober a	29/19	168
EXAMINI NAME (T	ru a		, Salisbur	v .				n, ar county)		-		
23a. BURIAL, CI		DATE	23c NAME OF	CEMETER	Y OR CREMATORY			LOCATION (City	ar Tawn)	(County)	12) (51	ate)
REMOVAL	(Specify)							and the state of t				
24. FUNERAL D	DIRECTOR	t. 31,19	ADDRE	II LE	emetery	2Sa. REC'	D BY REGI	ISTRAR 2	Sb. REGISTRAR	ceste R's signatui		
					VI AND		OV	1 1968		arlas	and	42
HOL	LOWAY & CO	MPANY, S	ALISBURY.	MAK	YLANU	DAIL		- 1000	1	.00	1	

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The same	entre de magaril acqui de la	
6.7	en la companya de la companya del companya de la companya del companya de la comp	
	NEW TOWN LINE TO THE PROPERTY OF	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15209 CERTIFICATE OF DEATH First Middle Lost James

15219 1. DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR (Type or print) 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS HOURS MALE July 28 .1916 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wicomico DIVORCED [WIDOWED | Georgia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Salisbury Peninsula General Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS2. 13e. STREET AND NUMBER 13b. COUNTY YES [NO F ocomole e Di widing 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost Lost Worthy Unknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Peninsula General Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: Turvie relatival IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALISES OF DEATH? YES | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 10-9, 1968, ta 10-17, 1968, that (I) (we) last saw the deceased alive an 10-18 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated above, (b) (we) (did) (did) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (State) REMQVAL (Specify) Deerfield 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

executed within 24 hours after deoth. remove ond in ony and pleose physicion (requires that the death certificate signed by the attending physic buriol-transit permit. Then pla buriol, cremation, or removal, O FUNERAL DIRECTOR: After this certificate has been the prior to for Jo. be retained directar, page 3 should should be filed with the

deoth.

puo

VR A15 (4) 30M REV. 1/68 .